



Memorandum

Date April 22, 1983

PD-APP-171
ISM-37231From John E. Anderson, Ph.D., Chief, Demographic Analysis Section, Program
Evaluation Branch (PEB), Division of Reproductive Health (DRH), Center for
Health Promotion and Education (CHPE)Subject Foreign Trip Report (AID/RSSA): Jordan--Fertility and Family Health Survey,
March 1-16, 1983.To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Dennis D. Tolsma
Acting Director, CHPE _____

SUMMARY

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SUMMARY

The main purpose of my trip was to review the pretest questionnaires and other survey documents, and assist in planning of the fieldwork and data processing for the 1983 Fertility and Family Health Survey. During my stay, an Arabic draft questionnaire was completed, based on an earlier English version. Meetings were held between the Department of Statistics (DOH) and Ministry of Health (MOH) to translate medical terms and contraceptive methods. The format of the data tape was discussed to enable CDC to prepare data edit programs to be installed on a later visit. Interviewer and field editor manuals were also translated during the visit. I had hoped that a complete pretest would take place during the visit and the questionnaire finalized. However, since the preparation of the draft questionnaire was behind schedule, I was able to observe only 2 days training and 1 day of interviewing during the pretest. However, I was able to make some recommendations based on this short period of observation, and further modifications were discussed by telephone upon completion of the pretest.

Generally, I feel that the DOS staff is very professional and will do high quality work. However, the schedule, which calls for fieldwork to be complete by Ramadan in mid-June, is in danger if fieldwork is not initiated in early April. To do this, the finalization and printing of questionnaires and field manuals must be accomplished in a 2 week period.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Amman, Jordan, March 1-16, 1983, to provide technical assistance to the Department of Statistics in conducting the 1983 Jordan Fertility and Family Health Survey. This travel was performed in accordance with the Resource Support Services Agreement between AID/POP/Washington and CDC/CHPE/DRH.

II. PRINCIPAL CONTACTS

A. U.S. Agency For International Development, Amman (USAID)

1. Mr. Walter Bollinger, Director
2. Mr. Jack Thomas, Population Advisor
3. Mr. Scott Edmonds, Health Officer

B. Department of Statistics

1. Dr. Borhan Shrydeh, Director General
2. Mr. Abdallah Zou'bi, Director of Census
3. Mr. Abd Dawad, Assistant Director of Census
4. Mrs. Huda Ghniem, Chief of Programming
5. Mr. Kamal Saleh, Cartographer
6. Mr. Ghalip Muhayar, Statistician

C. Ministry of Health

1. Dr. M.S. Sahid, Director of Planning, Training, and Research
2. Mr. Abdel Raheem, Demographer
3. Mrs. Nawal Haddad, Nurse
4. Ms. Margaret Britten, Westinghouse Health Systems (WHS) Adviser to MOH
5. Mr. Joseph Baldi, Health Education Advisor to MOH
6. Dr. Donald Harbick, WHS Health Planning Advisor to MOH

D. Other

1. Mr. Marschal Rothe, USAID/Washington, on TDY
2. Ms. Connie Carrino, Battelle Institute, on TDY
3. Mr. Anwar Bach Baoub, Tunisia, Johns Hopkins University Consultant on TDY
4. Dr. Salem Keswami, President, Jordan Family Planning and Protection Agency

III. 1983 JORDAN FERTILITY AND FAMILY HEALTH SURVEY: SCHEDULE AND PROCEDURES, MARCH-JUNE 1983

A. Pretest

1. The pretest will consist of approximately 100 interviews.
2. Ten interviewers have been selected to take part in the pretest from staff with the most experience in fertility surveys.
3. The pretest will take place during the week of March 12. Training will be on March 13 and 14, interviewing on March 15, 16, 17, and 19, and evaluation of the results on March 17-19.

4. The interviewers will work in pairs, with one doing the interviewing and the other observing. The observer will note the time for each section of the questionnaire and will note any problems with specific questions using an observation form. The team members will alternate interviewing and observing.
5. Evaluation of the pretest questionnaire will take place between March 15 and 17. The following items will be examined:
 - a. Time. Average time for completed interviews and each section.
 - b. Problems. Problems with wording and questionnaire flow will be evaluated.
 - c. Open-ended questions. Responses to the small number of open-ended questions will be examined to develop precoded categories for most or all of them for the final questionnaire. These questions are numbers 506, 604, 609, 614, 803 (for pill users, brand) and 806.

B. Fieldwork

The survey director will attend a Contraceptive Prevalence Survey Workshop in Zimbabwe the week of March 19. The following week will be needed to complete all preparations for the fieldwork including:

- a. Sampling. All lists and maps for sample replicates will be prepared.

(NOTE: in all sample PSU's, where it is possible, households should be selected that are different from those used in the Manpower Survey. This can be done by selecting a different random start and using the same selection interval. This will not be possible in PSU's where all households must be selected.)
- b. Selection of Field Personnel. Individuals for the six teams required for the survey should be selected by March 31. This includes, for each team, a supervisor, field editor, four interviewers, and a driver. Three teams will cover the Amman and Balqa Governorates, two teams based in Irbid will cover that Governorate, and one team will cover Karak. At a point about the second week of May, a special team will be put together drawing on interviewers from Amman and Irbid to cover Ma'an Governorate, including Aqaba. These interviewers will not need further training and should complete Ma'an Governorate in about 10 days.
- c. Training and Scheduling of Fieldwork. Including 2 weeks training, it is estimated that the Amman teams should complete fieldwork in 9 weeks, the Irbid teams in 8 weeks, and the Karak team in 6 weeks. Training will take place separately for the three groups immediately prior to interviewing. Training and interviewing will be scheduled so supervisory personnel can participate and monitor progress.

- d. Printing of Questionnaires and Manuals. This must take place in the 2-week period following the pretest, from March 19-31. It is essential that questionnaires be available for training beginning April 2. At least 6,000 copies of the household questionnaire, and 6,000 copies of the individual questionnaire should be printed. Also, before April 2, the interviewers' and editors' manuals must be completed, translated, and printed.
- e. Training. Training will take place April 2-14 for the Amman team and somewhat later for the Irbid and Karak teams. An alternative is to train all interviewers simultaneously, but this creates difficulties with overnight stays for interviewers. Because of the estimated number of weeks for the Irbid team (8 weeks including 2 weeks training), the latest training can begin is April 16 in order to complete interviewing by June 9. The Karak team must start training no later than April 30.

Interviewing will begin on April 16 for the Amman teams. All interviewing must be complete by June 9. All forms will be field-edited according to DOS procedures. Following successful edit, the forms will be filed by replicate, PSU, and household number. The household form must be physically attached to all individual forms corresponding to it, such as by a rubberband. Completed forms will be forwarded to the central office for processing.

C. Data Processing

1. At the central office completed forms will undergo office edit, coding and data entry, followed by a computer edit, and correction of data.
2. Batch processing. All aspects of data processing will take place separately in batches of about 1,000 households each. Each batch will undergo all aspects of data processing separately, and only after final correction will the batches be merged to form a master file. Batches will be created by combining forms from a number of PSU's as they come from the field. Since there are about 20 households per PSU, each batch should have about 50 PSU's. For each batch:
 - a. A list of replicate numbers and PSU numbers should be prepared for the forms contained in that batch.
 - b. The forms should be kept separate, by batch, and filed by replicate, PSU, and household number to facilitate locating the forms during correction.

The first batch should be formed as soon as enough forms are sent from the field. This will be used to test the edit programs and develop correction procedures. It should have about 500 cases (or 25 PSU's).

3. Editing Programs. Data editing programs will be developed by CDC. These include a sequence edit, skip pattern edit, range edit, and logical consistency edit. Once the first batch of forms is ready, a CDC team will visit to check data processing procedures, install the edit program, and develop data editing and correction procedures. Based upon the current schedule, Dr. Anderson will visit Amman May 4-13 to make sure all preparations have been made and to check the progress of the survey. A CDC programmer will overlap in Amman for about 3 weeks beginning May 10 for computer editing. However, before sending either of these analysts to Amman, CDC will communicate with the DOS by telephone to confirm that fieldwork is on schedule and a first batch of forms are coded and available for editing. Because the data editing programs will be written at CDC, it is essential that a code book consistent with the draft questionnaire be provided by March 16, and that all changes based on the pretest be communicated to CDC by March 31. CDC will communicate by telephone on March 30 to monitor progress on the survey and check on questionnaire changes.

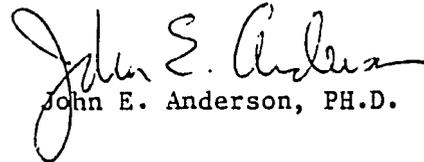
IV. DATA ANALYSIS PLANS

A. Raw Data Tape

The raw data tape will consist of data from the Household Form, followed by data from the Individual Form for each respondent in this household. According to the DOS practice, this will be arranged in a series of 80 column records. This is the format the data will be in following data editing and correction. For tabulation and analysis, four work files will be formed:

1. Household File. This will contain data on the household form. It will be used to estimate demographic rates, but its main purpose is to provide proportions married, by age, to convert rates from the (ever-married) individual respondents to all women rates (1 record = 1 household).
2. Respondent Woman File. This will contain household characteristics from the household file plus data from Sections 1, 2, 6, 7, and 8 of the individual questionnaire. This will be used for a large number of the basic tables of the report (1 record = 1 eligible respondent).
3. Birth File. This file will contain information from sections 3, 4, and 5, and mother's characteristics from other sections of the questionnaire. This will be used for the basic child health and mortality tabulations (1 record = 1 child born in the last 5 years).
4. FERTRATE File. This file will contain the birth history (Section 3) plus other information from the individual questionnaire in a format compatible with FERTRATE, the WFS program designed to calculate birth and death rates from a birth history (1 record = 1 eligible respondent).

- B. Construction of Work Files. Upon completion of the Raw Data Tape at the DOS, a copy will be sent to CDC for construction of the work files. Copies of the work files will then be provided to the DOS for tabulation.
- C. Tabulation and Analysis. The bulk of the tables will be produced at the DOS using the COCENTS or CENTS4 tabulation programs with the Respondent Woman File and the Birth File. The FERTRATE File will be used at CDC for estimation of vital rates (FERTRATE is written in FORTRAN and not compatible with the DOS computer).
- D. Tabulation Plan
A tabulation plan will be worked out jointly between the DOS and CDC. A number of previous documents will be used as models for the tabulation plan. These include:
1. Maternal and Child Health Survey, Bahia State, Brazil, 1980, CDC.
 2. Jordan Fertility Survey Evaluation Report, WFS (Abdallah Zou'bi).
 3. Analysis of Repeat Fertility Surveys, WFS (John Hobcraft).
 4. Tabulations of the 1983 Senegal Family Health Survey, CDC.


John E. Anderson, PH.D.