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STRENGTHENING HEALTH DELIVERY SYSTEMS

IN CENTRAL AND WEST AFRICA

DESCRIPTION OF THE PROJECT INFORMATION SYSTEM

PREPARED FOR:
HEALTH/NUTRITION DIVISION
OFFICE OF DEVELOPMENT RESOURCES
BUREAU FOR AFRICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C.

PREPARED BY:
INTERNATIONAL STATISTICAL PROGRAMS CENTER
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WASHINGTON, D.C.

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DESCRIPTION OF THE INFORMATION SYSTEM DEVELOPED FOR THE STRENGTHENING HEALTH DELIVERY SYSTEMS PROJECT (SHDS)

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*NOTE: Six of the nine file documentation appendixes contain sections entitled "Computer File Layout Sheet" and "Computer File Statistics." These sections are included for the information of persons already familiar with the software package D B MASTER which was used in automating this information system. This report does not describe how to use D B MASTER for those unfamiliar with it since an understanding of this package is not necessary in understanding the overall content and operation of the information system.

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Direction was also provided by SHDS project staff in Abidjan and Boston, in particular by Dr. David French and Vivian Johnson.

This report was assembled by Wanda Kelly of the Evaluative Studies Branch, International Statistical Programs Center, Bureau of the Census, from materials she developed. Data processing input was provided by Mary Kay Friday, Chief, Computer Applications Branch, and by Alan Saalfeld, Enrique Gomez and Joan Goodhue of her staff.

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I. BACKGROUND TO THE DEVELOPMENT OF THE SYSTEM

The Strengthening Health Delivery Systems Project (SHDS) is an AID-sponsored project designed to strengthen primary health care services in 20 countries of west and central Africa. To accomplish this goal, the project comprises various activities including health manpower and managerial training (in-country and overseas), applied research projects in primary health care, and immunization and disease surveillance programs. These project activities were begun in 1979, with planning and development sessions being held much earlier.

In July 1981, the Health/Nutrition Division of the Office of Development Resources within the Africa Bureau of AID requested that the U.S. Bureau of the Census assist the implementation contractors from Boston University (BU) in developing an information system for the SHDS project. The system was to perform two basic functions. First, it was to provide to AID project monitoring information concerning the various project activities and outputs. Second, it was to serve as a data storage and retrieval system which would provide the BU project staff in two offices, SHDS/Boston and SHDS/Abidjan, with reference lists and other information needed during project implementation.

Because project activities had been underway for nearly 3 years when design of the information system began, most of the system design work involved researching existing project data to determine ways of standardizing the information that was already being reported. In most cases, standardizing and supplementing existing reports was sufficient as well as more feasible than developing entirely new reporting requirements.

Another consideration in designing the system was the fact that the SHDS/Boston project staff had purchased APPLE II Plus microcomputers and the software package D B MASTER with which to design and maintain the system prior to the Census Bureau's involvement in the project. Therefore, a computerized system was developed to be compatible with that particular microcomputer and software package.

II. GENERAL DESCRIPTION OF THE SYSTEM

Basically, there were nine major categories of data in which AID, SHDS/Boston, and SHDS/Abidjan all expressed primary interest. The information system was designed such that for each of the nine data categories there is a set of data collection forms and a computerized file. Some of the data collection forms will be completed by project participants in the field. Others will be completed by project staff in the field and in the project offices. Several forms will be completed by project staff using compilations of data from secondary sources. The chart below shows the names of the computerized files, the general content of the files and the associated data collection forms that have been developed.

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FILE NAME	CONTENT	FORM(S)	COMPLETED BY:
WORKSHOPS	One record for each workshop shown in the implementation plan, including type of workshop, dates, location, number of participants, and language	WKSP1	The workshop facilitator(s) and/or SHDS staff attending the workshop
PARTICIPANTS (WKSHPS)	One record for each workshop participant (trainee), including biodata, type of workshop(s) attended, and potential as future SHDS consultant.	WPART1 WPART1 (Supplement)	WPART1 completed by the participant; WPART1 (Supplement) completed by the workshop facilitator(s)
CONSULTANTS	One record for each workshop facilitator, other consultants used by the SHDS project, and possible potential consultants. The record will contain biodata, information about what the consultant did, how funded, and for potential consultants, the possible areas.	CONSUL1	Biodata section completed by the consultant; other information completed by the SHDS staff
MASTER'S PARTICIPANTS	One record for each person receiving SHDS fellowships to attend overseas Master's-level nurses training, including biodata, place and specialization of training, and semester status report	OMPART1 OMPART2	OMPART1 completed by the participant; OMPART2 is the semester status report completed by the SHDS consultant monitoring the Master's Participants.
POST BASIC NURSING	One record for each person receiving a SHDS fellowship to attend the nursing program at Cuttington College, Liberia;	POSTBN1 POSTBN2	POSTBN1 completed by the participant; POSTBN2 is the semester status report completed by the SHDS consultant monitoring the participants

FILE NAME	CONTENT	FORM(S)	COMPLETED BY:
POST BASIC NURSING (cont'd)	can be expanded to include all persons in Cuttington College and CESSI programs; record includes biodata, special area of training, place of training, and semester status report.	See previous page.	See previous page.
*VACCINATION COVERAGE	One record for each vaccination coverage study conducted in the project area for the vaccines covered in the SHDS project. Record will include type of vaccine, location and dates of study, results.	OBJ3-1	Completed by the SHDS staff by compiling information from CDC progress reports, from newsletters, and from other sources.
*MORBIDITY/ MORTALITY	One record for each morbidity and mortality study performed in the study area of the diseases targetted by the SHDS project. Record will include disease studied, date and place, source of data for the study, and results.	OBJ3-2	Completed by the SHDS staff by compiling information from CDC progress reports, from newsletters, and from other sources.
*APPLIED RESEARCH	One record for each applied research proposal received by the SHDS office for SHDS funding. Record will include name of project, principal investigator, methodology, budget, organizations involved, proposal status. For approved projects, record will include expenditures, problems, implementation status.	APPRES1 APPRES2	APPRES1 completed by SHDS staff member responsible for reviewing proposals-majority of information will come from the proposal itself; APPRES2 completed for approved and active projects by SHDS staff member-form will be completed using information from each periodic project progress report.
STAFF TRAVEL	One record for each trip taken by SHDS/Abidjan staff, although can be expanded to include travel by SHDS/ Boston and consultants. Record includes name of traveler, place, dates, purpose, costs.	TRAVEL1 TRAVEL2	TRAVEL1 - first part completed by traveler giving place, dates, purpose; second part is record-keeping form and worksheet completed by staff accountant; TRAVEL2 is an expenditures voucher completed by the traveler

*These files have not yet been computerized.

III. SPECIFIC CONTENT, OPERATION, AND USE OF THE SYSTEM

WORKSHOPS File

This file has been set up to contain a record for each of the SHDS workshops (as identified in the annual SHDS implementation plans), although it can be expanded to include other workshops that are by-products of the SHDS workshops (such as country-level workshops patterned after SHDS regional workshops), and workshops that existed prior to the SHDS project, but on which the SHDS project has had signficant influence in modifying the content (such as many of the courses conducted at the Lome and Lagos RTC's).

Each record will contain the following basic information concerning a workshop:

1. type of workshop: (Each type of SHDS workshop has been given a numerical code, with codes 11-19 representing workshops under Objective I, 21-29 representing workshops under Objective II, 31-39 representing workshops under Objective III, and 41-49 representing workshops under Objective IV. If the file is expanded to include nonimplementation plan workshops, codes 50-99 may be used);

2. implementation plan activity number for the workshop (to link actual project activities with planned activities; this data will not be in the file for nonimplementation plan workshops);

3. scheduled start and end dates of the workshop, according to the implementation plan (this data will also not be in the file for nonimplementation plan workshops);

4. actual start and end dates of the workshop;

5. the location of the workshop (site, city, and country);

6. the language in which the workshop was conducted;

7. the number of participants from SHDS countries; and

8. the number of participants from non-SHDS countries.

The data for this file will be reported using Form WKSP1 - "Workshop/Course Report Form." Parts A - "Type of Workshop," B - "Activity Number from Implementation Plan," and C - "Scheduled Date of Workshop" will be completed at the SHDS office. The form will then be sent to the workshop facilitator or carried to the workshop by a SHDS staff member. Either a facilitator or the SHDS person attending the workshop will complete the remaining items and return the completed form to the SHDS office at the end of the workshop. The complete data record for that workshop will then be entered in the WORKSHOPS file.

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From the WORKSHOPS File, the following types of listings and formatted reports, as well as many others, can be produced:

1. workshops scheduled and/or conducted during a year or during a specified portion of a year, grouped by type; and

2. totals of SHDS country and non-SHDS country participants by type of workshop over the life of the project or during a specified time period.

In addition, these reports can include any of the other information that is contained in the records of the workshops, such as location, dates, and language.

PARTICIPANTS (WKSHPS) File

This file will contain a record for each participant in the SHDS workshops. If a participant attends more than one workshop, there will still be only one record for that participant, but it will identify all workshops that the participant has attended. The file may also be expanded to include participants in other workshops, such as the additional workshops mentioned in the description of the WORKSHOPS File above, particularly those participants who received SHDS fellowships to attend the workshops.

Each record in this file will contain the following basic information about a participant:

1. name, sex, date of birth, and country of origin (nationality);

2. current position, business address, and business telephone;

3. home address and home telephone;

4. certifications, diplomas, and degrees received, in what fields, dates of training, and institutions;

5. countries of work experience;

6. language capabilities;

7. fields of work experience;

8. SHDS workshops attended;

9. potential as a possible future facilitator/consultant; and

10. areas in which this person could be used as a facilitator/consultant.

The basic information listed in items 1-7 above will be reported on Form WPART1 - "Workshop Participant Data Form." At the beginning of each workshop, each participant will complete a Form WPART1, which will then be returned to the workshop facilitator(s).

The basic information listed in items 8-10 above will be reported on Form WPART1 (Supplement) - "Supplemental Workshop Participant Data Form to be Completed by Facilitator(s)." At the end of the workshop, the facilitator will complete one of these forms for each participant. If there is more than one facilitator, all facilitators will discuss together the information requested, and will produce one completed form for each participant. This form will then be stapled to the back of the Form WPART1 completed by the participant.

All Forms WPART1 and WPART1 (Supplement) will then be sent with the Form WKSP1 to the SHDS office. At the SHDS office, the WPART1 and WPART1 (Supplement) data will then be entered into the PARTICIPANTS (WKSHPS) computer file.

From the PARTICIPANTS (WKSHPS) file, the following types of listings and formatted reports, as well as many others, can be produced:

1. participants grouped by nationality;

2. participants grouped by type of workshop attended;

3. participants in workshops conducted during a specified year; and

4. participants who are good potential consultants in specified areas.

In addition, these reports can include any of the other information that is contained on the file such as date of birth, language capabilities, and fields of experience.

CONSULTANTS File

This file will contain one record for each consultant used either as a workshop facilitator or in a technical/developmental capacity for the SHDS project. It may also contain records for potential consultants, in which case, these will be designated as potential rather than actual consultants on the file. If a consultant is used more than once, there will still be only one record for that consultant, but it will contain information about each period of consultancy. Currently, the file is designed to contain information covering four periods of consultancy for each consultant.

Each record will contain the following basic information about each consultant who has actually been used for the SHDS project:

1. name, nationality, date of birth;

2. current position, business or organization address, business telephone;

3. home address and telephone;

4. certifications, diplomas and degrees received, in what field, dates of training and institutions;

5. countries of work experience;

6. language capabilities;

7. fields of work experience;

8. whether or not the person has previously been a trainer in a SHDS activity; and

9. information about the consultancy (dates, source of funding, SHDS objective for which the consultancy was used, whether the consultant was a workshop facilitator or assisted in a technical/developmental capacity, and workshop identification if the consultant was a facilitator).

For potential consultants, the file will contain:

1. the same information listed in items 1-8 above; and

2. areas in which the person would be a good consultant.

The information for these files will be reported on Form CONSUL1 - "Consultant Data Form." Each workshop facilitator will complete items 1-14 of this form. The completed CONSUL1 forms for all facilitators for a workshop will then be returned to the SHDS office with the completed WPART1 and WPART1 (Supplement) forms. At the SHDS office, items 15-22 will be completed. All data will then be entered into the CONSULTANTS computer file.

Consultants used in a technical/developmental capacity can complete items 1-14 at the beginning of a consultancy. The SHDS office can then complete all remaining applicable items except item 18 - "End Date of Consultancy" and item 21 - "Is a Report Available Covering the Results of this Consultancy?" All data except for those two data items can be entered on the CONSULTANTS file. In this way, the file will contain information about consultants who are currently performing technical/developmental services for the SHDS project. After the services are completed, items 18 and 21 can be entered into the computer.

Persons identified as good potential consultants can complete items 1-14 on Form CONSUL1. The SHDS office will then complete items 15 and 23 to indicate that this person is a potential consultant in specific areas. The data on this form can then be entered into the CONSULTANTS file. In this way, the file will also contain names of potential consultants, who can be distinguished from actual consultants.

From the CONSULTANTS file, the following types of listings and formatted reports, as well as many others, can be produced:

1. consultants used during a specified year;

2. consultants used as facilitators for a specified type of workshop;

3. consultants currently performing technical/developmental services; and

4. potential consultants in specified areas.

In addition, these reports can include any of the other items contained on the record, such as source of funding for the consultancy, objective for which the consultancy was used, language capabilities, and prior work experience.

MASTER'S PARTICIPANTS File

This file will contain a record for each of the students from the two CESSI's and from the anglophone region who have been given SHDS scholarships to attend Master's level nurse's training at overseas institutions (currently limited to Boston University and University of Montreal). For students in the course of these studies, the record will be updated each semester. No further updates will be made after the student completes his/her studies.

The file will contain the following information about each overseas Master's participant:

1. name, nationality, sex, date of birth;

2. home address;

3. certifications, diplomas, and degrees received, in what fields, dates of training, and institutions;

4. language capabilities;

5. fields of previous work experience;

6. countries of previous work experience;

7. institution where Master's studies are being undertaken;

8. specialty and functional areas of Master's specialization;

9. date Master's studies began;

10. current status of studies (continuing, completed, etc.);

11. status of thesis/scholarly work (not begun, in progress, completed);

12. date studies completed and date of departure from country of training; and

13. title of thesis/scholarly work.

The data for this file will be reported on two forms. Form OMPART1 - "Overseas Master's Participants Data Form" should be completed by the participant at the time studies begin. (However, since two of the SHDS overseas

master's participants completed their programs in 1982, and the remaining seven who will be funded under phase II of SHDS have already begun their studies, this form will have to be completed as soon as possible.) The OMPART1 contains data items 1-9 listed above. These will be filled out once and then the data will be entered into the MASTER'S PARTICIPANTS computer file.

Once studies begin, a Form OMPART2 - "Semester Update Report Form for Overseas Master's Participants" - will be completed each semester for each participant. This form will provide information about the status or progress of an individual's studies as listed in items 10-13 above. This form could be completed by the participant, although it would probably be more efficient, and therefore preferable, if the SHDS staff person or consultant responsible for monitoring the participant filled out the form. The information on the update report will be entered into the MASTER'S PARTICIPANTS file to replace the data of the previous semester update report.

From the MASTER'S PARTICIPANTS file, the following types of reports or combinations of these types of reports can be produced:

1. all participants (past and current) in the Overseas Master's program by nationality, status of studies, functional and specialty areas, start and end dates;

2. all current participants who began during a specified year with training in a specified functional area; and

3. all current participants grouped by institution of training.

The reports can also show any additional data contained on each participant's record, such as prior training, language capability, field of work experience, etc.

POST-BASIC NURSING File

This file is set up to contain a record for each of the participants who receive SHDS fellowships to attend post-basic nurse's training at Cuttington College, and for post-basic nursing students at CESSI/Yaounde and CESSI/Dakar. The students at the two CESSI's are not funded directly by the SHDS project, and the number of students at these institutions is much larger than the number of SHDS fellowship recipients at Cuttington College. Therefore, it is anticipated that obtaining data on the CESSI participants will be difficult, and that the data obtained will not be complete. After testing this portion of the system to determine the feasibility of collecting data on the CESSI students, it may be decided to limit this file to the SHDS fellowship recipients at Cuttington College.

Each record is set up to contain the following information about each post-basic nursing participant:

1. name, nationality, sex, and date of birth;

2. home address;

3. the post-basic nursing program attended (Cuttington, CESSI/Dakar, or CESSI/Yaounde);

4. certifications, diplomas, and degrees received, in what fields, dates of training, and institutions;

5. language capabilities;

6. countries of work experience;

7. area of post-basic nurse's training;

8. dates training began;

9. status of studies; and

10. completion date.

The basic information listed in 1-8 above will be reported on Form POSTBN1 - "Data Form for Participants in Post Basic Nursing Programs." This form will be completed by the participant and then returned to the SHDS office to be entered in the POST-BASIC NURSING File.

The information listed in 9 and 10 above will be reported on Form POSTBN2 - "Semester Update Report Form for Post-Basic Nursing Participants." This form will be completed each semester after studies begin until the studies are completed or discontinued. Although this form is designed to allow for participants in both the Cuttington and the CESSI programs, the update reporting is most practical for the SHDS fellowship recipients at Cuttington College. In that case, the SHDS staff member or SHDS consultant responsible for monitoring the Cuttington students can complete the Forms POSTBN2 each semester. The information on the update form will be entered in the POST-BASIC NURSING File to replace the data of the previous semester update report.

From the POST-BASIC NURSING file, the following types of listings and reports can be produced:

1. all participants in the Post-Basic Nursing program grouped by the specific program attended and by nationality and showing current status of studies and area of studies;

2. all participants from a particular country;

3. all participants in a specified area of study; and

4. all participants who began studies in a specified year.

The reports can also show any additional data contained on each participant's record, such as prior training and language capability.

VACCINATION COVERAGE File

This file will contain a record for each vaccination coverage study conducted in the Objective III demonstration and training areas and reported in the monthly activity reports and 6-month progress reports of the Centers for Disease Control (CDC) field staff, or reported in newletters, etc. It may also be expanded to include vaccination coverage studies conducted in other areas of the 20 SHDS countries.

Each record will contain the following information about a coverage study:

1. the type of vaccination studied (measles, polio, tetanus, BCG, or DPT);

2. the country in which the study was conducted;

3. the specific demonstration zone within the country where the study was conducted, if applicable;

4. the date the study was conducted;

5. the size of the demonstration zone's target population, if applicable;

6. the target percent of coverage for the vaccine;

7. the percent of coverage reported in the study;

8. calculated coverage; and

9. the percent of the coverage goal achieved based on the results of the study.

The information listed in items 1-4 and 7 above will be compiled by SHDS staff from monthly activity reports and 6-month progress reports prepared by CDC field staff in the demonstration and training areas. Items 5 and 6 will come from a reference sheet kept at the SHDS office that lists targets for all of the demonstration areas. Items 8 and 9 will be calculated by the SHDS staff.

The SHDS staff will compile all the data items for this file onto Form OBJ3-1 - "Summary Sheet of Vaccination Coverage Studies" - for entry into the computer file. The data will be entered approximately every 6 months.

From the VACCINATION COVERAGE file, the following types of listings and reports can be produced:

1. coverage studies conducted during a specified year grouped by type of vaccine and country, showing reported coverage and percent of goal achieved;

2. coverage studies conducted for a specified vaccine for a specified time period, showing country and dates; and

3. coverage studies conducted during a specified time period within a specified country and showing dates, coverage reported, and percent of goal achieved.

MORBIDITY/MORTALITY File

This file will contain a record for each morbidity and mortality study within the Objective III demonstration and training areas regarding the major diseases of interest to the SHDS project. It may also be expanded to include morbidity and mortality studies conducted in other areas of the 20 SHDS countries. Each page will contain the following information for each morbidity and mortality study:

1. type of study (morbidity or mortality);
2. the disease with which the study is concerned (measles, polio, neonatal tetanus, adult tetanus, tuberculosis, or pertussis);
3. the country;
4. the date (month and year) when the study was conducted;
5. the specific place covered by the study (village, demonstration and training zone, etc.);
6. the source of the study data (sentinel facility, routine surveillance data, special surveillance data, special community survey, etc.);
7. size of population studied;
8. whether or not the study was conducted to determine achievement of original target;
9. the percent reduction in morbidity or mortality if the study is related to the original goal; and
10. the type of document, etc. in which the morbidity/mortality study was reported.

The information listed in items 1-8 above and perhaps item 9 will be compiled by SHDS staff from CDC monthly, 6-month, and annual reports, and from newsletters and special communications. If item 9 is not reported in the source document, SHDS staff will calculate this using the reported findings of the study and the original morbidity/mortality reduction target. Item 10 will be reported by the SHDS staff.

The SHDS staff will record all the data items for a particular study onto Forms OBJ3-2 - "Summary Sheet of Morbidity/Mortality" - as information about these studies is learned. Approximately every 6 months, data from this form will be entered into the computerized file.

From the MORBIDITY/MORTALITY File, the following types of listings and reports can be produced:

1. all morbidity/mortality studies conducted during a specified time period grouped by country and disease;

2. all morbidity/mortality studies conducted for the purpose of measuring the achievement toward the original goal grouped by country and disease, and showing the reported percent reduction;

3. all morbidity/mortality studies conducted in a specified country grouped by disease studied; and

4. all morbidity/mortality studies conducted for a specified disease, grouped by country.

APPLIED RESEARCH File

This file will contain a record for each applied research project proposal received at the SHDS office as part of SHDS Objective IV, including those that are eventually rejected. For all proposals received, the record will have the following information:

1. title of the project and country from which it was received;

2. date proposal initially received;

3. information about the principal investigator (name, address, telephone number, telex number, organization, address of organization);

4. the organization responsible for the project and the operational organization;

5. the project site;

6. proposed length of the project (in months);

7. the proposed budget (from SHDS and from "other" sources broken down into several categories);

8. the research methodology to be employed in the study (as many as five possible research methodologies can be included in each record, each being a combination of basic design techniques used, and type of sample selection);

9. SHDS input to the proposal review;

10. proposal status; and

11. date of final approval or rejection.

All the items listed above will be reported on Form APPRES1. This form will be completed by the SHDS staff member responsible for reviewing the project proposals, based on the information contained in the proposal. The data on this form will be entered into the APPLIED RESEARCH File as a proposal is received and the form is completed.

On a monthly basis, the items listed in 9-11 above will be updated using form APPRES1 for all proposals that have not yet been finally approved or

finally rejected. If approved, the following additional information will be reported in Form APPRES1 for the last monthly update:

12. date project is scheduled to begin;

13. periodicity of progress reports; and

14. the due date of the first progress report.

For rejected proposals, no further information will be entered in the file. For approved proposals, a Form APPRES2 will be completed by the responsible SHDS staff member each time a progress report is received. The additional information that will then be entered from Form APPRES2 into the APPLIED RESEARCH File are:

1. date of the current progress report and date that the next report is due;

2. expenditures during the report period broken down by budget categories;

3. status of current project schedule;

4. brief description of problems reported and date the problem was reported;

5. publications or organizations to which the project's research findings have been released;

6. status of the final report; and

7. date the final report was completed.

From the APPLIED RESEARCH file, the following types of reports and listings can be produced:

1. titles of all proposals received grouped by country from which received and showing principal researcher, proposed length, proposed budget, and status (approved, rejected, awaiting approval by AID or by AFRO, etc.);

2. titles of all approved and currently on-going applied research projects grouped by country and showing principal researchers, expenditures as of last reporting date, status of current schedule, etc.; and

3. a list of all on-going applied research projects employing a specific research methodology.

STAFF TRAVEL File

This file will contain a summary record for each project-related trip taken by the SHDS/Abidjan staff. It can also be expanded to include travel by SHDS/Boston staff. If a person visits several places during one period of travel for different purposes, there will be a separate record for each place visited. The record will contain the following information about each trip taken:

1. name of traveler;

2. place visited and dates;

3. SHDS objective and sub-objective for which trip was taken;

4. a brief statement of the trip purpose;

5. total days of the trip;

6. per diem rate of the place visited;

7. total per diem advanced;

8. the initial travel cost (cost of plane ticket, etc., before any cost reconciliations based on changes in itinerary during the trip are made);

9. whether or not a ticket or portion of a ticket has been returned for credit, whether or not the credit has been received, and if so, how much;

10. final (reconciliated) travel cost;

11. final per diem total; and

12. final total cost.

All of the information listed above for the STAFF TRAVEL file will be reported on form TRAVEL1 and then entered into the computer. The first half of this form will be completed by the traveler before the trip is taken, and then submitted to the staff accountant, who will complete part of the form before the trip (advance, travel cost, etc.) and the remainder after the trip (cost reconciliation items). This form will be the worksheet for the accountant and therefore will contain other information that will not be entered into the computerized file, but will be maintained manually.

A second form, TRAVEL 2, will be completed by the traveler at the conclusion of the trip to report the final itinerary, hotel expenses, and miscellaneous expenses. No information on this form will be entered directly into the computer, but the information will be used by the staff accountant to complete certain items on Form TRAVEL1.

From the STAFF TRAVEL File, the following types of reports and listings can be produced:

1. all trips undertaken for a specific SHDS objective during a specified time period, indicating the name of traveler, the place, dates, and cost;

2. all trips undertaken by a specific person during a specified time period, indicating the place, purpose, dates, and cost;

3. all trips undertaken to a specific place during a specified time period, indicating the name of traveler, purpose, dates and cost; and

4. all trips for which ticket credit is expected, but has not been received.

APPENDIX 1.1 - WORKSHOPS File Documentation

- Form WKSP1
- Instructions for Form WKSP1
- Computer File Layout Sheet
- Computer File Statistics

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SHDS -
Form WKSP1
May 27, 1982

WORKSHOP TYPE [ ][ ]
YEAR [ ][ ]
SEQUENCE NO. [ ][ ]

STRENGTHENING HEALTH DELIVERY SYSTEMS

WORKSHOP/COURSE REPORT FORM

PARTS A, B, AND C SHOULD BE COMPLETED IN ADVANCE AT THE SHDS OFFICE.

A. Type of Workshop (Check One):

OBJECTIVE I

11 [ ] Senior-level PHC Planning and Management

12 [ ] Mid-level Health Planning and Management

13 [ ] 3-Month Community Health Workshops

14 [ ] Intersectoral Management Workshop - Preparatory

15 [ ] Intersectoral Management Workshop - Second Phase

16 [ ] Facilitator Training Workshop

17 [ ] Country-level Follow-up to Intersectoral Management Workshops

[ ] Other (specify) _____

_____

OBJECTIVE II

21 [ ] TOT Course

22 [ ] Country-level TOT Follow-up

23 [ ] PHC Management for CESSI Faculty and Graduates

24 [ ] Nurses Roles in PHC for Nurses in Anglophone Countries

25 [ ] Nurses Roles in PHC for Nurses in Francophone Countries

26 [ ] PHC in Development of Nursing Curriculum

27 [ ] Teaching Methods in Nursing Curriculum in PHC

28 [ ] TCDC Development for TOT Consultants

[ ] Other (specify) _____

_____

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SHDS -
WKSP1
Page 2

A. Continued

OBJECTIVE III

31 ☐ Mid-level EPI Managers' Course

32 ☐ Senior-level EPI Managers' Course

☐ Other (specify) _____

_____

OBJECTIVE IV

41 ☐ Regional Applied Research Course

42 ☐ Sub-regional Applied Research Course

43 ☐ In-country Applied Research Course

44 ☐ Applied Research Facilitator Workshop

☐ Other (specify) _____

_____

B. Activity Number from Implementation Plan:
(Fill in subobjective and activity number beside the appropriate objective)

I._.._
II.RTC._.._
IICESSI_.._
II.LIB._.._
III._.._
IV._.._

C. Scheduled Date of Workshop:
(According to implementation plan)

	Year	Month	Day
Begin	☐☐	☐☐	☐☐
End	☐☐	☐☐	☐☐

SHDS -
WKSP1
Page 3

		Year	Month	Day
D. Date of Workshop:	Begin			
	End			

E. Location of Workshop (check one):

1. Institution or site:

1 ☐ Lomé RTC
2 ☐ Lagos RTC
3 ☐ CESSI/Yaoundé
4 ☐ CESSI/Dakar
5 ☐ OCEAC
6 ☐ OCCGE
7 ☐ Cuttington
8 ☐ Tubman Inst.
9 ☐ Hotel (specify) _____

☐ Other (specify) _____

2. City: _____
3. Country: _____

FOR OFFICE USE ONLY

F. Language for Workshop . . . . . 1 ☐ French
2 ☐ English

G. Number of Participants: from SHDS Countries
(Include Observers)
: from non-SHDS Countries

H. Name of Person Completing this Form:
(PLEASE PRINT.)

_____

Instructions to SHDS office for
Form WKSP1 - WORKSHOP/COURSE REPORT FORM

A. Distribution

This form should be completed for all workshops/courses included in the implementation plan. This does not include special meetings such as the PCC or the PRC.

This form can be completed by a SHDS staff member attending the workshop. If no SHDS staff person is attending, send this form to the workshop facilitator with items A-E already completed. Immediately upon completion of the workshop, the facilitator or SHDS staff member should complete items F, G, H.

After the form is completed the facilitator or SHDS person should attach all Participant Data Forms (one for each participant) and all Consultant Data Forms (one for each workshop facilitator), and return this package of forms to the SHDS ofice in Abidjan.

At the SHDS office, enter the data from the WORKSHOP/COURSE REPORT FORM into the WORKSHOPS computer file.

B. Completing, Editing, and Coding the Form

Item A - Type of Workshop:

Complete this Section by placing an "X" in the box corresponding to the appropriate workshop/course title. Notice that the workshops have been grouped according to the SHDS objective to which they pertain. Only one box in Item A should be marked. The numbers beside the boxes will be used as workshop category codes.

In the upper right-hand corner of the first page of this form, there are three items: "Workshop Type," "Year," and "Sequence Number." These items should also be completed before the form is sent to the facilitator. In the boxes beside "Workshop Type," write the code number corresponding to the type of workshop marked in Item A. Beside "Year," write the last two digits of the year for which the workshop/course is scheduled. "Sequence Number" is used to number the courses within the same workshop type within the same year. For example, if two Facilitator Training Workshops are to be held in 1982, for Workshop Type "16" and Year "82," there should be a Sequence Number "01" and a Sequence Number "02." These three items together will be ued to uniquely identify each workshop on the computerized WORKSHOPS file.

At the start of each project year these three items, plus scheduled start date, can be entered in the computerized WORKSHOPS file for all workshops scheduled in the implementation plan. Before sending out this form, therefore, these three items can be obtained from the computerized file.

Previous Page Blank

The Workshop Type, Year, Sequence Number, and Scheduled Start Date (if known) for workshops in the 1982 implementation plan have been entered in the computerized WORKSHOPS file already created. These items can be copied into the appropriate places on the reporting form before it is sent to the facilitator.

Item B - Activity Number from the Implementation Plan:

The activity number entered on the form must uniquely identify the activity in the implementation plan. Therefore, a combination of the objective number, and subobjective number should be used. The objective numbers are already provided on the form. Fill in the complete subobjective number beside the appropriate objective number.

Item C - Scheduled Date of Workshop According to Implementation Plan:

Write the date of the scheduled first day of the workshop beside "Begin," and the date of the scheduled last day of the workshop beside "End." These should always be the scheduled dates as indicated in the implementation plan rather than the actual dates. Enter a two-digit code for the year, for the month,and for the day. The codes must be entered in the order indicated on the form -- year first, then month, then day.

The implementation plan often does not show the scheduled month, day and year for a workshop. It usually has the month and year, but for some workshops, not even the month is indicated. In these cases, only the year is known. For any part (year, month, or day) of the begin or end dates that is not specified, enter "98" to indicate that this information is not in the plan.

Item D - Date of Workshop:

Enter the date of the first day of the course beside "Begin" and the date of the last day of the course beside "End." These should always be the actual dates. Enter a two-digit code for year, for month, and for day. For example, if the course began on April 10, 1982, write "82" in the "Year" column, "04" in the "Month" column and "10" in the "Day" column. The codes for the months should begin with "01" for January and end with "12" for December. Notice that the code for year comes first, then month, then day. The codes are in this order on the form because they will need to be entered on the computer in this order. It is very important to write these codes in the order indicated on the form.

Item E - Location of Workshop

1. Institution: Place an "X" in the box corresponding to the actual physical location of the workshop. If the workshop was held at a hotel, mark the box beside "Hotel," and write the name of the hotel on the lines provided. If it was held in some other location not listed, mark the box beside "Other," and write the name of the site on the lines provided.

To code this information, enter the code for institution or site in the top row of boxes in the "For Office Use Only" section. Enter the code that is beside the box that is checked. If the "Other" box is checked, you will have to assign a code. Look in the codebook to see if there is already a code for the site written beside "Other." If so, write this code beside the "Other" box, and in the "For Office Use Only" boxes. If not, assign the next available code to the site. Enter this into the codebook immediately. Then write the new code beside the "Other" box and in the "For Office Use Only" boxes.

2. City: Write the name of the city where the workshop was conducted in the space provided.

   To code this item, enter the city code in the middle row of boxes in the "For Office Use Only" space. Codes are in the codebook.

3. Country: Write the name of the country where the workshop was conducted in the space provided.

   To code this item, enter the country code in the last row of boxes in the "For Office Use Only" space. Codes are in the codebook.

Item F - Language for Workshop:

Place an "X" in the box corresponding to the language in which the workshop was conducted.

Item G - Number of Participants:

Enter the number of participants who actually attended and completed the workshop. Beside "SHDS countries," write the number of participants who were from SHDS countries. Beside "non-SHDS countries," write the number of participants who were not from SHDS countries.

The SHDS countries are:

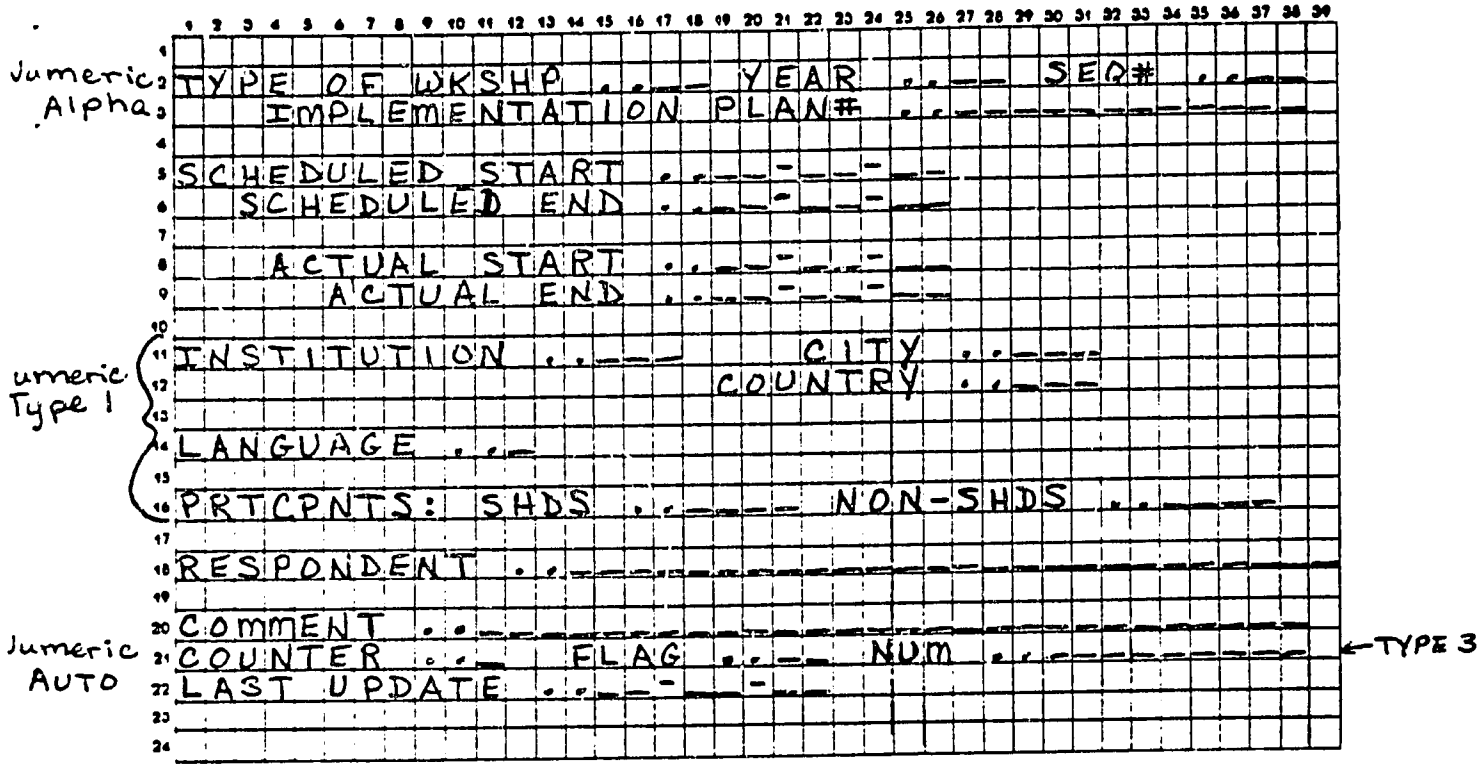
Benin
Cameroon
Central African Republic
Chad
Congo
Gabon
Gambia
Ghana
Guinea
Equatorial Guinea
Ivory Coast
Liberia
Mali
Mauritania
Niger
Nigeria
Senegal
Sierra Leone
Togo
Upper Volta

Item H - Name of Person Completing This Form:

The person who completes this form should print his/her first and last names in the space provided. If there is any data missing on the form, or any other questions, this person can be contacted.

D B MASTER SCREEN FORM LAYOUT SHEET

PRIMARY KEYS: (1) TYPE OF WKSHP
(2) YEAR
(3) SEQ #



FILE NAME WORKSHOPS PAGE # 1 of 1

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD
2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

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WORKSHOPS File Statistics
WORKSHOPS 050102

47 RECORDS IN FILE

REC.LEN.=132 KEY LEN.=3

FIELD NAME	PRIM KEY	SEC KEY	READ PROT	FIELD TYPE	LEN
TYPE OF WKSHP	YES	NO	NO	0-255	2
YEAR	YES	NO	NO	0-255	2
SEQ#	YES	NO	NO	0-255	2
IMPLEMENTATION	NO	NO	NO	ALPHA	12
SCHEDULED START	NO	NO	NO	DATE	8
SCHEDULED END	NO	NO	NO	DATE	8
ACTUAL START	NO	NO	NO	DATE	8
ACTUAL END	NO	NO	NO	DATE	8
INSTITUTION	NO	NO	NO	0-255	3
CITY	NO	NO	NO	0-255	3
COUNTRY	NO	NO	NO	0-255	3
LANGUAGE	NO	NO	NO	ALPHA	10
PRTCPNTS: SHOS	NO	NO	NO	INTGR	4
NON-SHOS	NO	NO	NO	INTGR	4
RESPONDENT	NO	NO	NO	ALPHA	25
COMMENT	NO	NO	NO	ALPHA	28
COUNTER	NO	NO	NO	0-255	1
FLAG	NO	NO	NO	0-255	2
NUM	NO	NO	NO	NUMBR	10
LAST UPDATE	NO	NO	NO	TODAY	8

CODES FOR -- TYPE OF WKSHP

11	SNR-LVL PHC PLANNING & MGMT
12	MID-LVL HEALTH PLANNING & MGMT
13	2-& 3-MNTH COMMUNITY HLTH WKSP
14	INTERSECTORAL MGT WKSP PREP
15	INTERSECTORAL MGT WKSP 2ND PHS
16	FACILITATOR TRAINING WORKSHOP
17	CNTRY-LVL FLLWUP INT'SL MGT WS
21	TOT COURSE
22	COUNTRY-LEVEL TOT FOLLOW-UP
23	PHC MGT FOR CESSI FAC & GRADS
24	NURSES ROLES IN PHC ANGLOPHONE
25	NURSES ROLE IN PHC FRANCOPHONE
26	PHC IN DEV OF NURSING CURRICUL
27	TEACHING METHODS IN PHC NURSNG
28	TCDC DEVELOPMENT FOR TOT CNSLT
31	MID-LEVEL EPI MANAGERS' COURSE
32	SNR-LEVEL EPI MANAGERS' COURSE
41	REGIONAL APPLIED RESRCH COURSE
42	SUB-RGNL APPLIED RESRCH COURSE
43	IN-COUNTRY APPLIED RESRCH CRSE
44	APPLIED RESRCH FACILITATOR CRS

END OF DESCRIPTIONS

CODES FOR -- LANGUAGE

1	FRENCH
2	ENGLISH

END OF DESCRIPTIONS

APPENDIX 1.2 - PARTICIPANTS (WKSHPS) File Documentation

- Form WPART1
- Instructions for Form WPART1
- Form WPART1 (Supplement)
- Instructions for Form WPART1 (Supplement)
- Computer File Layout Sheet
- Computer File Statistics

SHDS -
FORM WPART1
May 24, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

WORKSHOP PARTICIPANT DATA FORM

FOR OFFICE USE ONLY
Nationality
Short Name
Seq. No.

1. Name: _____

2. Sex . . . . . ☐ Male
☐ Female

3. Nationality: _____

4. Position/Title: _____

5. Business Address: _____

_____

6. Business Telephone: _____

7. Home Address: _____

_____

8. Home Telephone: _____

9. Date of Birth . . . . . Year Month Day

10. List below the types of credentials (certifications, diplomas, and degrees) that you have received in professional training programs lasting 6 months or longer.

	Type of Credential	Field	Begin Date / End Date (Year/Mo.)	Institution
1			___/___ ___/___	
2			___/___ ___/___	
3			___/___ ___/___	

Previous Page Blank

SHDS -
WPART1
Page 2

11. For each of the languages listed below, place an "X" in the box corresponding to your level of proficiency in "Speaking", "Reading", and "Writing".

Language	Speaking					Reading					Writing				
	Native	Fluent	Good	Fair	None	Native	Fluent	Good	Fair	None	Native	Fluent	Good	Fair	None
French															
English															
Portuguese															
Others															
_____															
_____															
_____															

FOR OFFICE USE ONLY:

French - Speak . . . ____ Read . . . ____ Write . . . ____

English - Speak . . . ____ Read . . . ____ Write . . . ____

Portuguese - Speak . . . ____ Read . . . ____ Write . . . ____

12. In which of the following areas have you had experience?
(CHECK NO MORE THAN A TOTAL OF FOUR ITEMS ON PAGES 3 AND 4)

Health-Practice Skills

- [ ] D1 Primary Health Care
- [ ] D2 Community Health
- [ ] D3 Rural Health
- [ ] D4 Community Health Nursing
- [ ] D5 Institutional Nursing
- [ ] D6 Maternal & Child Health
- [ ] D7 Midwifery
- [ ] D8 Clinical & Technical Services
- [ ] D9 Drug Distribution & Supply
- [ ] 11 Pop/Family Planning
- [ ] 12 Food & Nutrition
- [ ] 13 Epidemiology/Com. Disease Control
- [ ] 14 Environmental Health

SHDS -
WPART1
Page 3

12. Continued

Education/Training

- [ ] 21 Health Education
- [ ] 22 Health Manpower Training
- [ ] 23 Curriculum Development
- [ ] 24 Continuing Education
- [ ] 25 Nursing Education

Planning/Management

- [ ] 31 Community & National Health Planning
- [ ] 32 Program Planning
- [ ] 33 Manpower Planning
- [ ] 34 Medical Facilities Planning
- [ ] 35 Proposal Writing/Development
- [ ] 36 Administration & Management
- [ ] 37 Financial Management & Analysis
- [ ] 38 Nursing Administration
- [ ] 39 Logistics & Supply
- [ ] 41 Conference Management

Information/Research/Evaluation

- [ ] 51 Demography & Vital Data
- [ ] 52 Information & Comm. Media
- [ ] 53 Computer & Information Systems
- [ ] 54 Operational/Applied Research
- [ ] 55 Community Surveys
- [ ] 56 Survey Research
- [ ] 57 Program Evaluation

SHDS -
WPART1
Page 4

12. Continued

Social Science Skills

- [ ] 61 Health Economics
- [ ] 62 Medical Sociology
- [ ] 63 Medical Anthropology
- [ ] 64 Community Development

13. List below the countries in which you have had work experience in the areas indicated in question 12.

_____

_____

_____

_____

_____

_____

_____

_____

FOR OFFICE USE ONLY

[ ][ ][ ]

[ ][ ][ ]

[ ][ ][ ]

[ ][ ][ ]

[ ][ ][ ]

[ ][ ][ ]

[ ][ ][ ]

[ ][ ][ ]

Instructions to SHDS Office for
Form WPART1 - Workshop Participant Data Form

A. Distribution

Prior to the start of the workshop, send enough blank forms WPART1 so that each participant will have one to fill out. Be sure to send extra copies in case additional forms are needed.

When the forms are returned to the SHDS office, check to see if there is the same number of completed forms as the total number of participants reported on the WKSP1- "Workshop/Course Report Form." If not, try to determine the cause of the discrepancy.

B. Editing and Coding the Form

"For Office Use Only" (front page):

The information here will be the unique identification for each record on the file.

1. Nationality - Look at the response to question 3. Find the corresponding country code in the code book and write the code number in the boxes provided, writing the code as far to the right as possible. For example, country code 1 will be written "| | | 1 |," country code 10 as "| | 1 | 0 |" and country code 100 as "| 1 | 0 | 0 |."

2. Short Name - Write the first letter of the first name and the first two letters of the last name in the spaces provided.

3. Seq. No. - Write "01." During data entry, the computer will not allow you to enter a record with the same combination of nationality, short name and sequence number as another record already on the file.

Item 2-Sex:

Check to see that either thr "Male" or "Female" box is marked. If the participant has written the sex on the dotted line, place an "X" in the appropriate box.

Item 9-Date of Birth:

Check to see that the date is entered in the correct order of year, month, and day, and that each part of the date has been entered using two-digit codes. If the date has been entered improperly in the boxes, draw a line through the incorrect entries, and write the two-digit codes above the boxes. Don't erase!

Item 10-Credentials:

1. Type of credential: Find the correct code in the codebook. Enter the code to the right of the dotted line.

2. Field: Find the correct code in the codebook. Enter the code to the right of the dotted line.

3. Begin Date/End Date: Make sure that the begin date is written above the horizontal line and that the end date is written below the horizontal line. If the year and month are not written in two-digit codes, draw a line through what is entered, and write the codes above.

4. Institution: To the right of the vertical dotted line, enter the code for the country in which the institution is located. Codes are in the codebook.

Item 11-Languages:

For each of the three languages specified, there should be one and only one level of proficiency marked for speaking, reading, and writing. If the person has no proficiency in an area of the language he should have marked "None." In the "For Office Use Only" section below the language chart, enter codes corresponding to the participant's answers. The codes are in the codebook. If more than one level of proficiency has been marked for a language under "Speaking" or "Reading" or "Writing," write the code for the highest level marked.

Item 13-Countries of Work Experience:

For each different country listed by the participant, enter the corresponding country code (from the codebook) in the "For Office Use Only" space.

C. Entering the Data into the Computer File

The first items to enter are the codes for nationality, short name, and sequence number. These form the unique identification for a record. During data entry, the computer will not allow a record to be entered with the same combination of nationality, short name, and sequence number as another record already on the file. If the computer gives this error message, check to see if the record already on the computer is for the same participant as the form you are trying to enter. If so, update items on the file as appropriate (e.g., if a phone number, address, etc. has changed), and enter the information about the workshop the participant has just attended. If the record already in the file is not for the same participant you will have to change the sequence number, starting with "2" and continuing as described above until you find either a record already in the file for that person or the next available sequence number. Be sure to change the sequence number written on the form itself.

Item 2-Sex: Enter either "M" or "F," not the whole word.

Items 4, 5, and 7:

These items may have to be abbreviated for entry into the computer. If so, choose abbreviations that are easily understandable.

Item 10-Credentials:

For "Type," "Field," and "Institution," enter the codes that are written to the right of the dotted vertical line.

Item 11-Languages:

Enter the codes written in the "For Office Use Only" section below the chart.

Item 12-Experience:

Enter the numbers that are beside the checked boxes.

Item 13-Countries of Work Experience:

Enter the codes written in the "For Office Use Only" section.

SHDS -
Form WPART1 (Supplement)
May 14, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

SUPPLEMENTAL WORKSHOP PARTICIPANT DATA FORM
TO BE COMPLETED BY FACILITATOR(S)

INSTRUCTIONS: THE FOLLOWING ITEMS SHOULD BE COMPLETED BY THE WORKSHOP FACILITATOR. IF THERE IS MORE THAN ONE FACILITATOR ONLY ONE FORM SHOULD BE COMPLETED TO REPRESENT THE COMBINED OPINIONS OF ALL FACILITATORS. AFTER THE FORM IS COMPLETED, PLEASE STAPLE IT TO THE BACK OF THE DATA FORM COMPLETED BY THE PARTICIPANT HIMSELF.

S1. Name of Participant:

S2. If you have been given a "WORKSHOP/COURSE REPORT FORM" (WKSP1) to complete for this course, please copy the following information from the first page of that form:

Workshop Type . . . . . [ ][ ]

Year . . . . . [ ][ ]

Sequence No. . . . . [ ][ ]

S3. If you have not been given a copy of the "WORKSHOP/COURSE REPORT FORM", please complete the following items:

Name of Workshop: _____

_____

Dates of Workshop: From __/ __/ To __/ __/

FOR OFFICE USE ONLY
Workshop Type [ ][ ]
Year [ ][ ]
Sequence No. [ ][ ]

S4. Do you think this person has the general capabilities required for serving as a facilitator? [ ] Y — COMPLETE ITEMS S5-S7 [ ] N — STOP HERE

S5. Do you think this person could work alone as a facilitator? [ ] Y [ ] N

S6. Please check the areas in which you feel this person has special expertise for serving as a facilitator (CHECK NO MORE THAN 2)

1 [ ] Area of Current Workshop
2. [ ] Health Practice Skills
3. [ ] Education/Training
4. [ ] Planning/Management
5. [ ] Information/Research/Evaluation
6. [ ] Social Science Skills

S7. If the project needed the services of a new facilitator, in which order should this person be contacted, if possible?

1. [ ] First choice
2. [ ] Second choice
3. [ ] Third choice

Previous Page Blank

Instructions to SHDS Office for
Form WPART1 (Supplement) - Supplemental Workshop
Participant Data Form

A. Distribution

Prior to the workshop, send the same number of these as the WPART1's. When the forms are returned, there should be one completed for each participant stapled to the back of the WPART1. Check to see that there is one for each participant. If the forms are not stapled to the correct WPART1's, or are not stapled to the back of the WPART1's, restaple them before data entry.

B. Editing and Coding the Form

Items S2 and S3 - Workshop Type:

If there is a completed WKSP1 (Workshop Report Form) for this workshop, the facilitator should have completed Item S2 of the Form WPART1 (Supplement). If this has not been done, copy the Workshop Type, Year, and Sequence No. from the front of the WKSP1 onto each WPART1 (Supplement). If there is no WKSP1, the facilitator should have written the name and dates of the workshop in Item S3. If the type of workshop written is not one of the workshops pre-coded on the front of the WKSP1, an appropriate code for Workshop Type will have to be determined.

Items S4-S7: Check to see that answers are clearly marked.

C. Entering the Data into the Computer File

This data will be entered on the same file as the WPART1 data and will immediately follow the WPART1 information on a participant's record. Space has been allowed on each participant record for five workshops. For each workshop, data from a Form WPART1 (Supplement) will be entered. First enter data in the section for Workshop 1. If there is already information there, enter the data in the section for Workshop 2, or if there is already data there, enter the new data in the section for Workshop 3, etc.

Items S4 and S5: Enter "Y" or "N."

Items S6 and S7: Enter the numbers that are beside the checked boxes. If nothing has been checked, do nothing. Item 6 may have 0, 1, or 2 items checked. The codes should be entered in the fields on the file entitled "AREA 2A," "AREA 2B," etc.

If the person is identified as a good potential consultant, a record should also be created in the Consultants File.

Previous Page Blank

D B MASTER SCREEN FORM LAYOUT SHEET

PRIMARY KEYS: (1) 3. NAT'NLTY
(2) SHNAME
(3) SEQ. NO

5/26/82

```
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
 1
 2 3. NAT'NLTY ..____ LAST UPDATE ..__-__-__ (AUTO)
 3    SHNAME ..____ SEQ NO ..__ 2. SEX ..__
 4 1. NAME ..________________________________
 5 4. POSITION ..____________________________
 6 5. BUSINESS ..____________________________
 7    ADDRESS ..____________________________
 8 6. BUS. PHONE ..____________________
 9 7. HOME ..____________________________
10    ADDRESS ..____________________________
11 8. HOME PHONE ..____________________
12 9. DATE OF BIRTH ..__-__-__
13
14 10. CREDENTIALS ..__
15
16 CR ..____ FLD ..____ BD ..__-__-__ IN ..____
17                      FD ..__-__-__
18 CR ..____ FLD ..____ BD ..__-__-__ IN ..____
19                      FD ..__-__-__
20 CR ..____ FLD ..____ BD ..__-__-__ IN ..____
21                      FD ..__-__-__
22
23
24
```

FILE NAME PARTICIPANTS (WKSHPS) PAGE # 1 of 3

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD 2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

Previous Page Blank

D B MASTER SCREEN FORM LAYOUT SHEET

```
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
1
2  11. LANGUAGE ..__ )
3  FRENCH  SPEAK ..__  READ ..__  WRITE ..__
4  ENGLISH SPEAK ..__  READ ..__  WRITE ..__   ALPHA
5  PORTUG. SPEAK ..__  READ ..__  WRITE ..__
6
7  12. EXPERI ..____ 2 ..____ 3 ..____ 4 ..____
8
9  13. COUNTRY OF WORK 1 ..____ 2 ..____
10     3 ..____ 4 ..____ 5 ..____ 6 ..____
11     7 ..____ 8 ..____
12
13 WPART1 (SUPPLEMENT): ..__
14
15    TYPE WKSHP1 ..__ YR1 ..__ SEQ#1 ..__
16    POSS FACIL1 (Y/N) ..__ ALONE1 (Y/N) ..__
17    ORDER1 ..__ AREA1 A ..__ B ..__ C ..__
18
19    TYPE WKSHP2 ..__ YR2 ..__ SEQ#2 ..__
20    POSS FACIL2 (Y/N) ..__ ALONE2 (Y/N) ..__
21    ORDER2 ..__ AREA2 A ..__ B ..__ C ..__
22
23
24
```

FILE NAME PARTICIPANTS (WKSHPS) PAGE # 2 of 3

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD 2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

D B MASTER SCREEN FORM LAYOUT SHEET

```
1
2   TYPE WKSHP3 ..__   YR3 ..__   SEQ#3 ..__
3   POSS FACIL3(Y/N) ..__   ALONE3(Y/N) ..__
4   ORDER3 ..__   AREA3 A ..__   B ..__   C ..__
5
6   TYPE WKSHP4 ..__   YR4 ..__   SEQ#4 ..__
7   POSS FACIL4(Y/N) ..__   ALONE4(Y/N) ..__
8   ORDER4 ..__   AREA4 A ..__   B ..__   C ..__
9
10  TYPE WKSHP5 ..__   YR5 ..__   SEQ#5 ..__
11  POSS FACIL5(Y/N) ..__   ALONE5(Y/N) ..__
12  ORDER5 ..__   AREA5 A ..__   B ..__   C ..__
13
14
15
16
17
18  COUNTER ..__ (default to 1)
19
20
21
22
23
24
```

FILE NAME PARTICIPANTS (WKSHPS) PAGE # 3 of 3

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD 2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

PARTICIPANTS (WKSHPS) File Statistics

PARTICIPANTS(WK 052682 50

2 RECORDS IN FILE

REC.LEN.=341 KEY LEN.=5

FIELD NAME	PRIM KEY	SEC KEY	READ PROT	FIELD TYPE	LEN
3.NAT'NLTY	YES	NO	NO	0-255	3
SHNAME	YES	NO	NO	ALPHA	3
SEQ NO	YES	NO	NO	0-255	2
2.SEX	NO	NO	NO	ALPHA	1
LAST UPDATE	NO	NO	NO	TODAY	8
1.NAME	NO	NO	NO	ALPHA	30
4.POSITION	NO	NO	NO	ALPHA	26
5.BUSINESS	NO	NO	NO	ALPHA	28
ADDRESS	NO	NO	NO	ALPHA	27
6.BUS. PHONE	NO	NO	NO	ALPHA	14
7. HOME	NO	NO	NO	ALPHA	29
ADDRESS	NO	NO	NO	ALPHA	27
8.HOME PHONE	NO	NO	NO	ALPHA	14
9.DATE OF BIRTH	NO	NO	NO	DATE	8
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
FD	NO	NO	NO	DATE	8
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
FD	NO	NO	NO	DATE	8
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
FD	NO	NO	NO	DATE	8
10.CREDENTIALS:	NO	NO	NO	ALPHA	1
FRENCH SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
ENGLISH SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
PORTUG. SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
12.EXPER1	NO	NO	NO	0-255	3
2	NO	NO	NO	0-255	3
3	NO	NO	NO	0-255	3
4	NO	NO	NO	0-255	3
13.COUNTRY OF W	NO	NO	NO	0-255	3
2	NO	NO	NO	0-255	3
3	NO	NO	NO	0-255	3
4	NO	NO	NO	0-255	3
5	NO	NO	NO	0-255	3
6	NO	NO	NO	0-255	3
7	NO	NO	NO	0-255	3
8	NO	NO	NO	0-255	3
WPART1(SUPPLEME	NO	NO	NO	0-255	1
TYPE WKSHP	NO	NO	NO	0-255	2
YR1	NO	NO	NO	0-255	2
SEC#1	NO	NO	NO	0-255	2
POSS FACIL1	NO	NO	NO	Y/N	1

12.EXPER1	NO	NO	NO	0-255	3
2	NO	NO	NO	0-255	3
3	NO	NO	NO	0-255	3
4	NO	NO	NO	0-255	3
13.COUNTRY OF W	NO	NO	NO	0-255	3
2	NO	NO	NO	0-255	3
3	NO	NO	NO	0-255	3
4	NO	NO	NO	0-255	3
5	NO	NO	NO	0-255	3
6	NO	NO	NO	0-255	3
7	NO	NO	NO	0-255	3
8	NO	NO	NO	0-255	3
WPART1(SUPPLEME	NO	NO	NO	0-255	1
TYPE WKSHP	NO	NO	NO	0-255	2
YR1	NO	NO	NO	0-255	2
SEQ#1	NO	NO	NO	0-255	2
POSS FACIL1	NO	NO	NO	Y/N	1
ALONE1	NO	NO	NO	Y/N	1
ORDER1	NO	NO	NO	0-255	1
AREA1 A	NO	NO	NO	0-255	2
B	NO	NO	NO	0-255	2
C	NO	NO	NO	0-255	2
TYPE WKSHP2	NO	NO	NO	0-255	2
YR2	NO	NO	NO	0-255	2
SEQ#2	NO	NO	NO	0-255	2
POSS FACIL2	NO	NO	NO	Y/N	1
ALONE2	NO	NO	NO	Y/N	1
ORDER2	NO	NO	NO	0-255	1
AREA2 A	NO	NO	NO	0-255	2
B	NO	NO	NO	0-255	2
C	NO	NO	NO	0-255	2
TYPE WKSHP3	NO	NO	NO	0-255	2
YR3	NO	NO	NO	0-255	2
SEQ#3	NO	NO	NO	0-255	2
POSS FACIL3	NO	NO	NO	Y/N	1
ALONE3	NO	NO	NO	Y/N	1
ORDER3	NO	NO	NO	0-255	1
AREA3 A	NO	NO	NO	0-255	2
B	NO	NO	NO	0-255	2
C	NO	NO	NO	0-255	2
TYPE WKSHP4	NO	NO	NO	0-255	2
YR4	NO	NO	NO	0-255	2
SEQ#4	NO	NO	NO	0-255	2
POSS FACIL4	NO	NO	NO	Y/N	1
ALONE4	NO	NO	NO	Y/N	1
ORDER4	NO	NO	NO	0-255	1
AREA4 A	NO	NO	NO	0-255	2
B	NO	NO	NO	0-255	2
C	NO	NO	NO	0-255	2
TYPE WKSHP5	NO	NO	NO	0-255	2
YR5	NO	NO	NO	0-255	2
SEQ#5	NO	NO	NO	0-255	2
POSS FACIL5	NO	NO	NO	Y/N	1
ALONE5	NO	NO	NO	Y/N	1
ORDER5	NO	NO	NO	0-255	1
AREA5 A	NO	NO	NO	0-255	2
B	NO	NO	NO	0-255	2
C	NO	NO	NO	0-255	2
COUNTER	NO	NO	NO	0-255	1

APPENDIX 1.3 - CONSULTANTS File Documentation

- Form CONSUL1
- Instructions for Form CONSUL1
- Computer File Layout Sheet
- Computer File Statistics

Previous Page Blank

SHDS -
FORM CONSUL1
May 24, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

CONSULTANT DATA FORM

FOR OFFICE USE ONLY
Nationality
Short Name
Seq. No.

1. Name: _____

2. Nationality: _____

3. Have you previously been a consultant for the SHDS project (including a workshop facilitator)? ☐ Yes* ☐ No

4. Position/Title: _____

5. Business Organization and Address: _____

6. Business Telephone: _____

7. Home Address: _____

8. Home Telephone: _____

9. Date of Birth . . . . . Year Month Day

10. List below the types of credentials (certifications, diplomas, and degrees) that you have received in professional training programs lasting 6 months or longer.

	Type of Credential	Field	Begin Date / End Date (Year/Mo.)	Institution
1			__/__ __/__	
2			__/__ __/__	
3			__/__ __/__	
4			__/__ __/__	

Previous Page Blank

SHDS -
CONSULT
Page 2

11. For each of the languages listed below, place an "X" in the box corresponding to your level of proficiency in "Speaking", "Reading", and "Writing".

Language	Speaking					Reading					Writing				
	4 Native	3 Fluent	2 Good	1 Fair	0 None	4 Native	3 Fluent	2 Good	1 Fair	0 None	4 Native	3 Fluent	2 Good	1 Fair	0 Non
French															
English															
Portuguese															
Others															

12. In which of the following areas have you had experience?
(CHECK NO MORE THAN A TOTAL OF FOUR ON PAGES 2 AND 3.)

Health-Practice Skills

- ☐ 01 Primary Health Care
- ☐ 02 Community Health
- ☐ 03 Rural Health
- ☐ 04 Community Health Nursing
- ☐ 05 Institutional Nursing
- ☐ 06 Maternal & Child Health
- ☐ 07 Midwifery
- ☐ 08 Clinical & Technical Services
- ☐ 09 Drug Distribution & Supply
- ☐ 11 Pop/Family Planning
- ☐ 12 Food & Nutrition
- ☐ 13 Epidemiology/Com. Disease Control
- ☐ 14 Environmental Health

Education/Training

- ☐ 21 Health Education
- ☐ 22 Health Manpower Training
- ☐ 23 Curriculum Development
- ☐ 24 Continuing Education
- ☐ 25 Nursing Education

SHDS -
CONSUL1
Page 3

12. Continued

Planning/Management

- [ ] 31 Community & National Health Planning
- [ ] 32 Program Planning
- [ ] 33 Manpower Planning
- [ ] 34 Medical Facilities Planning
- [ ] 35 Proposal Writing/Development
- [ ] 36 Administration & Management
- [ ] 37 Financial Management & Analysis
- [ ] 38 Nursing Administration
- [ ] 39 Logistics & Supply
- [ ] 41 Conference Management

Information/Research/Evaluation

- [ ] 51 Demography & Vital Data
- [ ] 52 Information & Comm. Media
- [ ] 53 Computer & Information Systems
- [ ] 54 Operational/Applied Research
- [ ] 55 Community Surveys
- [ ] 56 Survey Research
- [ ] 57 Program Evaluation

Social Science Skills

- [ ] 61 Health Economics
- [ ] 62 Medical Sociology
- [ ] 63 Medical Anthropology
- [ ] 64 Community Development

SHDS -
CONSUL1
Page 4

13. List below the countries in which you have had work experience in the areas indicated in question 12.

_____
_____
_____
_____
_____
_____
_____
_____

FOR OFFICE USE ONLY

[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]

14. Have you ever been a trainee in a SHDS workshop or in other SHDS activities?

[ ] Yes
[ ] N

ALL REMAINING ITEMS ARE TO BE COMPLETED BY THE SHDS OFFICE

15. Is this person an actual consultant or a potential consultant?

1 [ ] Actual Consultant
2 [ ] Potential Consultant- SKIP TO 24

16. SHDS objective for which this period of consultancy was used. (CHECK ONE ONLY.)

1 [ ] Objective I
2 [ ] Objective II
3.1 [ ] Objective III - Lomé/Lagos
3.2 [ ] Objective III - CESSIs
3.3 [ ] Objective III - Liberia
4 [ ] Objective IV
5 [ ] Combination of more than one of the objectives

17. Begin Date of Consultancy . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

18. End Date of Consultancy . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

SHDS -
CONSULT
Page 5

***19. Places Visited for Consultancy (a) _____ City _____ Country

(b) _____ City _____ Country

20. Source of Funding for Consultancy

1 [ ] SHDS/Abidjan

2 [ ] SHDS/BU

3 [ ] BU

4 [ ] SHDS/CDC

5 [ ] CDC

6 [ ] SHDS/AFRO

7 [ ] AFRO

8 [ ] AID/W

9 [ ] REDSO/WA

10 [ ] USAID: Country _____
USAID: Country [ ][ ][ ]

- [ ] OTHER (Specify) _____

21. Type of Consultancy

1 [ ] Workshop Facilitator - SKIP TO ITEM 23

2 [ ] Technical or Developmental Consultancy - COMPLETE ITEM 22

22. Is a report available covering the results of this consultancy?

[ ] Y
[ ] N
--STOP HERE

23. Workshop Identification:

Workshop Type . . . . . [ ][ ]

Year . . . . . [ ][ ]

Sequence Number . . . . [ ][ ]

SHDS -
CONSUL1
Page 6

24. Area of Potential Consultancy:

FOR OFFICE USE ONLY

*NOTE TO SHDS STAFF - If the answer to Item 3 is "Yes", locate the record for this consultant and update accordingly. If no record is found, create a new one. Check the appropriate box below.

☐ Record found and changed.

☐ No record found; new record created.

**NOTE TO SHDS STAFF - If the answer to Item 14 is "Yes", locate this person's record in the "Workshop Participants" file, and enter "Y" in the "Used as Consultant" field. Check the appropriate box below.

☐ Record found and changed.

☐ No record found.

***This item will not be entered on the computer file due to space limitation.

Instructions to SHDS Office for
Form CONSUL1-Consultant Data Form

A. Distribution

These forms will be completed by workshop facilitators, other consultants, and potential consultants. For each group, there will be a different method of distribution.

Workshop Facilitators - Prior to the start of the workshop, send enough blank forms CONSUL1 so that each facilitator will have one to fill out. These should be returned immediately after the workshop and be ready for editing, coding, and data entry.

Other Consultants - At the beginning of the consultancy, give this form to the consultant to complete and return right away. All items, except Items 18 - "End Date of Consultancy" and 22 - Report Availability, will then be ready for editing, coding, and data entry. At the end of the consultancy, complete items 18 and 22 and enter the information into the computer file. Until all items are completed, keep the forms in a separate manual file.

Potential Consultants - If there is someone who has not been a consultant for the project, but who for some reason seems to be a good candidate as a future consultant, ask the person to complete the Form CONSUL1. The data can then be edited, coded, and entered into the computer with the "Potential Consultant" designation in Item 15. If a workshop participant is identified as a potential consultant, a more efficient way to enter data into the Consultant File is from the Form WPART1, rather than asking the person to complete a CONSUL1. All information required on this form concerning background, current position, etc. is also available on Form WPART1. Be very careful in entering the data, however, since the items are not in exactly the same order on both forms.

B. Editing and Coding the Form

For Office Use Only" (front page):

1. Nationality - In the boxes provided enter the country code corresponding to the nationality entered in item 2. Codes are in the codebook.

2. Short Name - Write the first letter of the first name and the first two letters of the last name in the spaces provided.

3. Seq. No. - Write "01." If during data entry, this number has to be changed, correct it here also.

Items 3-8: Check to see that only one box in item 3 is marked, and that all the written entries are legible. For written entries

that are difficult to read, but that can be deciphered, draw a line through the entry, and write the line more clearly just above.

Item 9-Date of Birth:

Check to see that the date is entered in the correct order (year, month, day), and that each part of the date has been entered using two-digit codes. If the date has been entered improperly in the boxes, draw a line through the incorrect entries, and write the two-digit codes above the boxes. Don't erase!

Item 10 - Credentials:

1. Type of credential: Find the correct code in the codebook. Enter the code to the right of the dotted line.

2. Field: Find the correct code in the codebook. Enter the code to the right of the dotted line.

3. Begin Date/End Date: Make sure that the begin date is written above the horizontal line and that the end date is written below the horizontal line. If the year and month are not written in the right order or not in two-digit codes, draw a line through what is entered, and write the codes above.

4. Institution: To the right of the vertical dotted line, enter the code for the country in which the institution is located.

Item 11 - Languages:

For each of the three languages specified, there should be one and only one level of proficiency marked for speaking, reading, and writing. If the person has no proficiency in an area of the language, he should have marked "None." If more than one level of proficiency has been marked (e.g., both "fluent" and "good" for French speaking), draw a line through all levels marked except the highest level (e.g., in the case where both "fluent" and "good" are marked, draw a line through "good"). This will facilitate data entry, since only one code can be entered.

Item 13 - Countries of work experience:

For each different country listed, enter the corresponding country code (from the codebook) in the "For Office Use Only" space.

Item 15: Place an "X" in the appropriate box. Only one box should be marked.

Item 16: Place an "X" in only one box. If the consultancy is for more than one of the objectives listed, or if it is for the overall project, mark the last box - "Combination of more than one of the objectives." Do not answer items 16-23 for potential consultants.

Items 17 and 18: Using two-digit codes, enter the begin and end dates of the consultancy, being careful to enter in the proper order of year, month, day. For workshop facilitators the begin and end dates will be the begin and end dates of the workshop. For other consultants, the begin and end dates are the dates stipulated by the contract, when there is a contract. Otherwise, they are the date the consultant began his work and the date he completed his work (produced his report, made final presentation, etc.) If exact day is unclear, enter "98" for the day and enter codes for the year and month.

Item 19: Write the names of the cities and countries that the consultant visited. Note that only two places may be entered. For a workshop facilitator, the place visited is the city and country where the workshop took place. For other consultants, enter the places where the consultant spent most of his time in performing his work.

Item 20: Place an "X" in only one box corresponding to the source of funding for the consultancy. If the source was USAID (code 10), place an "X" in that box and write the name of the USAID country in the space provided. In the boxes, enter the country code. Codes are in the codebook.

If the source of funding is not listed, place an "X" in the box beside "Other," and write the source in the space provided. Write a code number to the left of the "Other" box that will correspond to the source of funding you have specified. Check the codebook to determine the next available code, or to see if another code has already been assigned to that source. After writing the code number on the form, write the code and its code description in the code book.

Item 21: Place an "X" in the appropriate box. "Technical or Developmental Consultancy" includes everything other than workshop facilitator.

Item 22: Note that this is completed only for consultants who are not workshop facilitators, and that this is the last item completed for that group of consultants. As stated earlier, this item and item 18 will be completed after the consultancy is completed.

Item 23: If the consultant served as a workshop facilitator, enter the identification for the workshop. Copy this information from the front page of the WKSP1 for that workshop.

Item 24: In the "For Office Use Only" section, enter a string of two-digit codes corresponding to the areas of experience marked in item 12. In addition, a short phrase or sentence can be written.

C. Entering the Data into the Computer File

Look at the response to question number 3. If the answer is "yes," search for an already existing record for that person on the file using "nationality" and "short name." If you find a record for that consultant, update items 4-14 as appropriate, and then enter items 15-23 as appropriate. If you cannot find a record for that consultant or if the answer to question 3 is "no," you will have to create a new record.

To create a new record, first enter the "Nationality," "Short name," and "Seq. No." These three items form the unique identification for a record. During data entry, the computer will not allow a record to be entered with the same combination of nationality, short name and sequence number as another record already on the file. If the computer gives you a message indicating that another record has the same identification, check to see if the record already on the computer is for the same consultant as the form you are trying to enter. If so, update items on the file as appropriate, and enter the information about the specific consultancy for which the form was completed. If the record already on the file is not for the same consultant, try entering the sequence number "2." Continue as described above until you find either a record already in the file for that person or the next available sequence number. Correct the sequence number already written on the form.

Items 2,3: These will not be entered into the computer file.

Items 4, 5, and 7: These items may have to be abbreviated for entry into the computer. If so, choose abbreviations that are easily understandable.

Items 19-Credentials: For "Type," "Field," and "Institution," enter the codes to the right of the dotted vertical line.

Item 11-Languages: Enter the code number printed at the top of the column that is marked. Leave all missing items blank.

Item 12-Experience: Enter the numbers that are beside the checked boxes.

Item 13-Countries of Work Experience: Enter the codes written in the "For Office Use Only" Section.

Item 14 - This will not be entered into the computer. If the answer is "Y," however, follow the instructions found in the footnote on the last page of the form after completing data entry.

Item 15: Enter the number that is beside the checked box. The file allows for information covering four consultancies for each consultant. Therefore, items 16-23 will be entered in one of four different places, depending on whether it is the 1st, 2nd, 3rd, or 4th consultancy.

Item 16: Enter the code number beside the box that is checked. Include the "." when entering "3.1," "3.2," and "3.3."

Items 17 and 18: Enter dates in the order written. If one part of the date is missing, enter "98." If the entire end date (Item 18) is missing, leave it blank.

Item 19: This will not be entered.

Item 20: Enter the code that is beside the marked box. If code 10 is marked, also enter the country code in the space provided on the file. If "Other" is marked, a code should have been written to the left of the box. Enter the code. If there is no code, check with someone to determine the appropriate code.

Item 21: Enter the code number that is beside the marked box.

Item 22: Enter "Y" or "N." Enter nothing if neither has been checked.

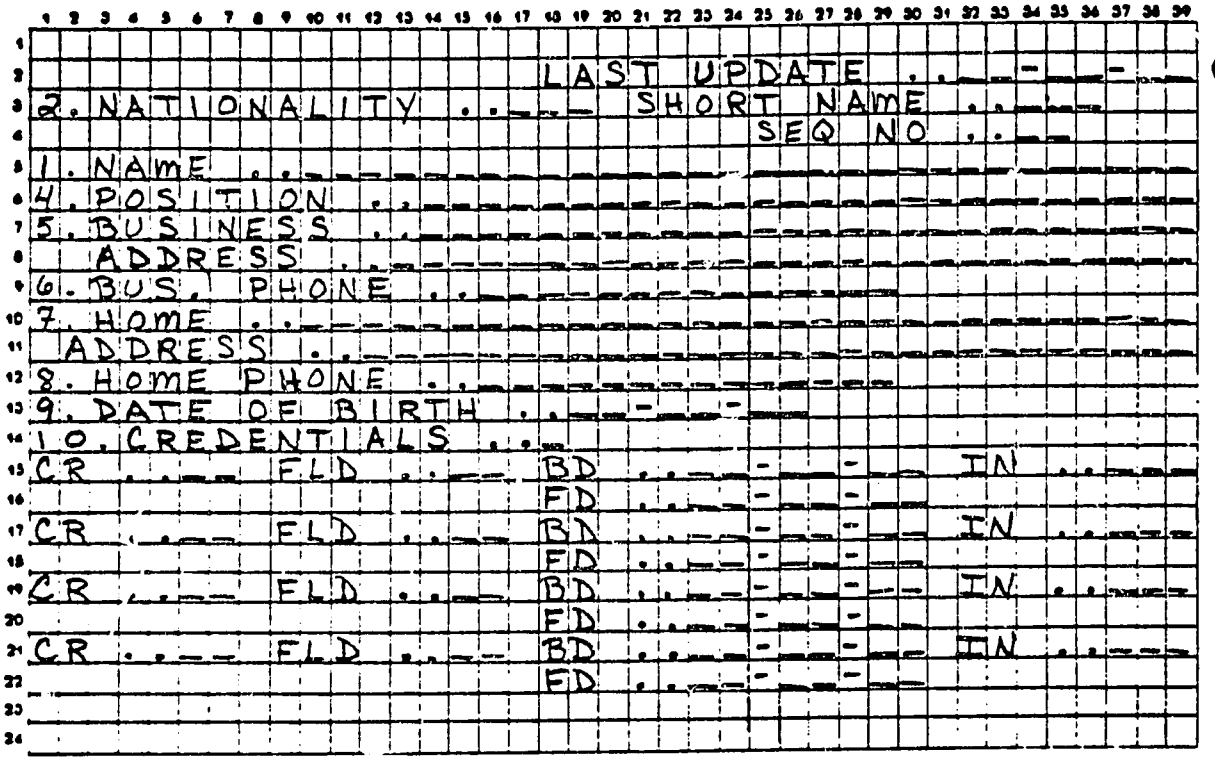
Item 23: Enter the codes as written in the boxes.

Item 24: Enter exactly what is written in the boxes.

5/24/82

D B MASTER SCREEN FORM LAYOUT SHEET

PRIMARY KEYS: (1) 2. NATIONALITY
(2) SHORT NAME
(3) SEQ NO



FILE NAME CONSULTANTS PAGE # 1 of 3

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD
2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

Previous Page Blank

D B MASTER SCREEN FORM LAYOUT SHEET

```
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39
1
2
3  FRENCH   SPEAK ..__  READ ..__  WRITE ..__
4  ENGLISH  SPEAK ..__  READ ..__  WRITE ..__
5  PORTUG.  SPEAK ..__  READ ..__  WRITE ..__
6
7  12. EXPERI ..____  2 ..____  3 ..____  4 ..____
8
9  13. COUNTRY OF WORK 1 ..____  2 ..____
10     3 ..____  4 ..____  5 ..____  6 ..____
11     7 ..____  8 ..____
12 14. FORMER SHDS PART(Y/N) ..__
13 15. ACTUAL/POTENTIAL ..__
14 24. IF 15=2, POTENTIAL ..____________________
15     AREAS ..____________________
16
17 16-23 EACH CONSULTCY ..__
18 DBI ..____  BDI ..____  EDI ..____
19
20 FUNDING1 ..__  IF USAID, CNTRY1 ..____
21 TYPE CONSULTANCY1 ..__  REPORT1(Y/N) ..__
22 TYPE OF WKSHP1 ..__  YR1 ..__  SEQ#1 ..____
23
24
```

ALPHA

ALPHA

FILE NAME CONSULTANTS PAGE # 2 of 3

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD 2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 13	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

D B MASTER SCREEN FORM LAYOUT SHEET

```
ALPHA  2 OB2 ..____ BD2 ..____-____-____ ED2 ..____-____-____
       4 FUNDING2 ..__ IF USAID, CNTRY2 ..____
       5 TYPE CONSULTANCY2 .._ REPORT2(Y/N) ..__
       6 TYPE OF WKSHP2 ..__ YR2 ..__ SEQ#2 ..__
ALPHA  8 OB3 ..____ BD3 ..____-____-____ ED3 ..____-____-____
      10 FUNDING3 ..__ IF USAID, CNTRY3 ..____
      11 TYPE CONSULTANCY3 .._ REPORT3(Y/N) ..__
      12 TYPE OF WKSHP3 ..__ YR3 ..__ SEQ#3 ..__
ALPHA 14 OB4 ..____ BD4 ..____-____-____ ED4 ..____-____-____
      16 FUNDING4 ..__ IF USAID, CNTRY4 ..____
      17 TYPE CONSULTANCY4 .._ REPORT4(Y/N) ..__
      18 TYPE OF WKSHP4 ..__ YR4 ..__ SEQ#4 ..__
```

FILE NAME CONSULTANTS PAGE # 3 of 3

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD 2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

CONSULTANTS File Statistics 70

CONSULTANTS 052682

0 RECORDS IN FILE

REC.LEN.=463 KEY LEN.=5

FIELD NAME	PRIM KEY	SEC KEY	READ PROT	FIELD TYPE	LEN
2.NATIONALITY	YES	NO	NO	0-255	3
SHORT NAME	YES	NO	NO	ALPHA	3
SEQ NO	YES	NO	NO	0-255	2
LAST UPDATE	NO	NO	NO	TODAY	8
1.NAME	NO	NO	NO	ALPHA	30
4.POSITION	NO	NO	NO	ALPHA	26
5.BUSINESS	NO	NO	NO	ALPHA	26
ADDRESS	NO	NO	NO	ALPHA	27
6.BUS. PHONE	NO	NO	NO	ALPHA	14
7.HOME	NO	NO	NO	ALPHA	30
ADDRESS	NO	NO	NO	ALPHA	28
8.HOME PHONE	NO	NO	NO	ALPHA	14
9.DATE OF BIRTH	NO	NO	NO	DATE	8
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
FD	NO	NO	NO	DATE	8
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
FD	NO	NO	NO	DATE	8
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
FD	NO	NO	NO	DATE	8
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
FD	NO	NO	NO	DATE	8
FRENCH: SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
ENGLISH: SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
PORTUG.: SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
12.EXPER1	NO	NO	NO	0-255	3
2	NO	NO	NO	0-255	3
3	NO	NO	NO	0-255	3
4	NO	NO	NO	0-255	3

12.EXPER1	NO	NO	NO	0-255	3
2	NO	NO	NO	0-255	3
3	NO	NO	NO	0-255	3
4	NO	NO	NO	0-255	3
13.COUNTRY OF H	NO	NO	NO	0-255	3
2	NO	NO	NO	0-255	3
3	NO	NO	NO	0-255	3
4	NO	NO	NO	0-255	3
5	NO	NO	NO	0-255	3
6	NO	NO	NO	0-255	3
7	NO	NO	NO	0-255	3
8	NO	NO	NO	0-255	3
14.FORMER SHDS	NO	NO	NO	Y/N	1
15.ACTUAL/POTEN	NO	NO	NO	0-255	1
24.IF 15=2,POTE	NO	NO	NO	ALPHA	16
AREAS	NO	NO	NO	ALPHA	28
OB1	NO	NO	NO	ALPHA	3
BD1	NO	NO	NO	DATE	8
ED1	NO	NO	NO	DATE	8
FUNDING1	NO	NO	NO	0-255	2
IF USAID, CNTRY	NO	NO	NO	0-255	3
TYPE CONSULTANC	NO	NO	NO	0-255	1
REPORT1	NO	NO	NO	Y/N	1
TYPE OF WKSHP1	NO	NO	NO	0-255	2
YR1	NO	NO	NO	0-255	2
SEQ#1	NO	NO	NO	0-255	2
OB2	NO	NO	NO	ALPHA	3
BD2	NO	NO	NO	DATE	8
ED2	NO	NO	NO	DATE	8
FUNDING2	NO	NO	NO	0-255	2
IF USAID, COUNT	NO	NO	NO	0-255	3
TYPE CONSULTANC	NO	NO	NO	0-255	1
REPORT2	NO	NO	NO	Y/N	1
TYPE OF WKSHP2	NO	NO	NO	0-255	2
YR2	NO	NO	NO	0-255	2
SEQ#2	NO	NO	NO	0-255	2
OB3	NO	NO	NO	ALPHA	3
BD3	NO	NO	NO	DATE	8
ED3	NO	NO	NO	DATE	8
FUNDING3	NO	NO	NO	0-255	2
IF USAID, COUNT	NO	NO	NO	0-255	3
TYPE CONSULTANC	NO	NO	NO	0-255	1
REPORT3	NO	NO	NO	Y/N	1
TYPE OF WKSHP3	NO	NO	NO	0-255	2
YR3	NO	NO	NO	0-255	2
SEQ#3	NO	NO	NO	0-255	2
OB4	NO	NO	NO	ALPHA	3
BD4	NO	NO	NO	DATE	8
ED4	NO	NO	NO	DATE	8
FUNDING4	NO	NO	NO	0-255	2
IF USAID, CNTRY	NO	NO	NO	0-255	3
TYPE CONSULTNCY	NO	NO	NO	0-255	1
REPORT4	NO	NO	NO	Y/N	1
TYPE WKSHP4	NO	NO	NO	0-255	2
YR4	NO	NO	NO	0-255	2
SEQ#4	NO	NO	NO	0-255	2

APPENDIX 1.4 - MASTER'S PARTICIPANTS File Documentation

- Form OMPART1
- Instructions for Form OMPART1
- Form OMPART2
- Instructions for Form OMPART2
- Computer File Layout Sheet
- Computer File Statistics

Previous Page Blank

SHDS -
FORM OMPART1
May 26, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

OVERSEAS MASTER'S PARTICIPANTS DATA FORM

1. Name: _____

2. Nationality: _____ [ ][ ][ ]

3. Home Address: _____

_____

4. Sex . . . . . [ ] Male
[ ] Female

5. Date of Birth . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

6. List below the types of credentials (certifications, diplomas, and degrees) that you have received in professional training programs lasting 6 months or longer.

	Type of Credential	Field	Begin Date / End Date (Year/Mo.)	Institution
1			/	
			/	
2			/	
			/	
3			/	
			/	

Previous Page Blank

SHDS -
SMPARTI
Page 2

7. For each of the languages listed below, place an "X" in the box corresponding to your level of proficiency in "Speaking", "Reading", and "Writing". If you have no ability in one of the languages listed, place an "X" in the "NONE" boxes.

Language	Speaking					Reading					Writing				
	4	3	2	1	0	4	3	2	1	0	4	3	2	1	0
	Native	Fluent	Good	Fair	None	Native	Fluent	Good	Fair	None	Native	Fluent	Good	Fair	None
French															
English															
Portuguese															
Others															
_____															
_____															
_____															

8. In which of the following areas have you had experience?
(CHECK NO MORE THAN A TOTAL OF FOUR ON PAGES AND .)

Health-Practice Skills

- ☐ 01 Primary Health Care
- ☐ 02 Community Health
- ☐ 03 Rural Health
- ☐ 04 Community Health Nursing
- ☐ 05 Institutional Nursing
- ☐ 06 Maternal & Child Health
- ☐ 07 Midwifery
- ☐ 08 Clinical & Technical Services
- ☐ 09 Drug Distribution & Supply
- ☐ 11 Pop/Family Planning
- ☐ 12 Food & Nutrition
- ☐ 13 Epidemiology/Com. Disease Control
- ☐ 14 Environmental Health

SHDS -
OMPARTI
Page 3

8. Continued

Education/Training

- [ ] 21 Health Education
- [ ] 22 Health Manpower Training
- [ ] 23 Curriculum Development
- [ ] 24 Continuing Education
- [ ] 25 Nursing Education

Planning/Management

- [ ] 31 Community & National Health Planning
- [ ] 32 Program Planning
- [ ] 33 Manpower Planning
- [ ] 34 Medical Facilities Planning
- [ ] 35 Proposal Writing/Development
- [ ] 36 Administration & Management
- [ ] 37 Financial Management & Analysis
- [ ] 38 Nursing Administration
- [ ] 39 Logistics & Supply
- [ ] 41 Conference Management

Information/Research/Evaluation

- [ ] 51 Demography & Vital Data
- [ ] 52 Information & Comm. Media
- [ ] 53 Computer & Information Systems
- [ ] 54 Operational/Applied Research
- [ ] 55 Community Surveys
- [ ] 56 Survey Research
- [ ] 57 Program Evaluation

SHDS -
OMPARTI
Page 4

8. Continued

Social Science Skills

- [ ] 61 Health Economics
- [ ] 62 Medical Sociology
- [ ] 63 Medical Anthropology
- [ ] 64 Community Development

9. List below the countries in which you have had work experience in the areas indicated in question 8.

_____
_____
_____
_____
_____
_____
_____
_____

FOR OFFICE USE ONLY

10. Name of Institution where Master's studies are being undertaken:

_____

FOR OFFICE USE ONLY

SHDS -
CMPART1
Page 5

11. Area of Master's Specialization:

A. Specialty . . . . . .

- [ ] 01 Community Health Nursing
- [ ] 02 Gerontological Nursing
- [ ] 03 Medical-Surgical
- [ ] 04 MCH
- [ ] 05 Psychiatric/Mental Health
- [ ] 06 Rehabilitation

B. Functional Area . . . . . .

- [ ] 01 Nursing Administration
- [ ] 02 Nursing Education
- [ ] 03 Clinical Specialist

12. Date Master's studies began . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

Instructions to SHDS Office for
Form OMPART1 - Overseas Master's
Participants Data Form

A. Distribution

These forms will be completed by persons who have received SHDS fellowships to attend master's-level nurses' training overseas (currently all persons are at either Boston University or University of Montreal). If new persons are selected to receive SHDS fellowships for overseas training they should complete this form before going overseas to begin their studies.

For those SHDS fellowship recipients who have already begun their overseas training, the SHDS advisor monitoring the students should collect all forms when completed and return them to the SHDS office for entry into the MASTER'S PARTICIPANTS file.

B. Editing and Coding the Form

Item 2 - Nationality:

In the boxes provided, enter the country code corresponding to the nationality entered.

Item 4 - Sex:
If the person has written male or female on the dotted line rather than marking the appropriate box, check the correct box.

Item 5 - Date of Birth:
Check to see that the date is entered in the correct order (year, month, day), and that each part of the date has been entered using two-digit codes. If the date has been entered improperly in the boxes, draw a line through the incorrect entries, and write the two-digit codes above the boxes. Don't erase!

Item 6 - Credentials:

1. Type of credential: Find the correct code in the codebook. Enter the code to the right of the dotted line.

2. Field: Find the correct code in the codebook. Enter the code to the right of the dotted line.

3. Begin Date/End Date: Make sure that the begin date is written above the horizontal line and that the end date is written below the horizontal line. If the year and month are not written in the right order or not in two-digit codes, draw a line through what is entered, and write the codes above.

4. Institution: To the right of the vertical dotted line, enter the code for the country in which the institution is located. The country codes are in the codebook.

Previous Page Blank

Item 7 - Languages:

For each of the three languages specified, there should be one and only one level of proficiency marked for speaking, reading, and writing. If the person has no proficiency in an area of the language, he should have marked "None."

If more than one level of proficiency has been marked for a language in "Speaking" or "Reading" or "Writing" (e.g., someone has marked both "fluent" and "good" for French speaking), draw a line through all levels marked except the highest level (e.g., in the case where both "fluent" and "good" are marked, draw a line through "good"). This will facilitate data entry, since only one code can be entered.

Item 9 - Countries of work experience:

For each different country listed, enter the corresponding country code (from the codebook) in the "For Office Use Only Space."

Item 10 - Institution of Master's Studies:

Find the code for the institution in the codebook, and write the code in the "For Office Use Only" boxes provided.

Item 11 - Area of Master's Specialization:

There should be only one box marked in Part A and one box in Part B. If more than one has been marked in either part, try to determine which box should be marked using available records.

Item 12 - Date Master's studies began:

Make sure that the date is written in the correct order (year, month, day), and that each part of the date has been entered using two-digit codes. If the date has been entered improperly in the boxes, draw a line through the incorrect entries, and write the two-digit codes above the boxes. Don't erase!

C. Entering the Data into the Computer File

Item 2 - Nationality: This item will be entered first into the computer.

Item 1 - Name: Enter the last name first, then enter the first name.

Item 3 - Address: This item may have to be abbreviated for entry into the computer. If so, choose abbreviations that are easily understandable.

Item 4 - Sex: Enter either "M" or "F." Do not enter the whole word.

Item 6 - Credentials: For "Type," "Field," and "Institution," enter the codes to the right of the dotted vertical line. For Dates, enter "98" for day.

Item 7 - Languages:

Enter the code number printed at the top of the column that is marked. Leave all missing items blank.

Item 8 - Experience: Enter the numbers that are beside the marked boxes.

Item 9 - Countries of Work Experience:

Enter the codes written in the "For Office Use Only" Section.

Item 10 - Institution of Master's Studies:

Enter the code written in the "For Office Use Only" space.

Item 11A - Speciality area: Enter the code that is beside the box that is marked.

Item 11B - Functional area: Enter the code that is beside the box that is marked.

SHDS -
FORM OMPART2
May 10, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

SEMESTER UPDATE REPORT FORM FOR OVERSEAS MASTERS' PARTICIPANTS

1. Date of Report . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

2. Name of Participant (PLEASE PRINT)

_____

3. Institution of Training _____

4. Status of Studies During Reporting Quarter
   - 1 [ ] Studies Began
   - 2 [ ] Studies Continued and Will Continue Into Next Semester
   - 3 [ ] Studies Discontinued - SKIP TO 6
   - 4 [ ] Studies Completed - SKIP TO 6

5. Status of Thesis/Scholarly Work
   - 1 [ ] Writing not yet begun - SKIP TO 9
   - 2 [ ] Writing in progress - SKIP TO 9
   - 3 [ ] Completed - SKIP TO 8

6. Date Studies Completed/Discontinued . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

7. Date of Departure from Country of Training . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

8. Title of Thesis/Scholarly Work (if applicable) _____

_____

9. Name of Person Completing Semester Report (PLEASE PRINT)

_____

Previous Page Blank

Instructions to SHDS Office for
Form OMPART2 - Semester Update Report
Form for Overseas Master's Participants

A. Distribution

Approximately 1 month before the end of each academic semester, send forms for each overseas master's participant who was enrolled at the beginning of the semester to the SHDS advisor monitoring the master's participants. These forms should be filled out by the advisor and then returned to the SHDS office for data entry.

B. Editing and Coding the Form

Make sure that there is a completed OMPART2 for each master's participant.

Items 1,6, and 7: Make sure that dates are entered in the correct order of year, month, and day, and that each part of the date is written in two-digit codes. If the date is entered incorrectly, draw a line through the entry, and write the date correctly above. Do not erase!

Items 4 and 5: Make sure that the skip patterns have been followed correctly. If the status of studies reported in Item 4 is "1" or "2," there should be no entry in Items 6 and 7. If there is, draw a line through the entries.

Item 8: If the entry for this item is difficult to read, draw a line through it, and write the entry clearly above.

C. Entering the Data into the Computer File

The data on this form will be entered in the MASTER'S PARTICIPANTS File and will follow the data from the OMPART1 in the section of each record labelled "Update Report Info."

Items 2 and 3: Use these items to search for the appropriate record in the MASTER'S PARTICIPANTS file. They will not be entered into the file.

Items 4 and 5: Enter the code for the box that is marked.

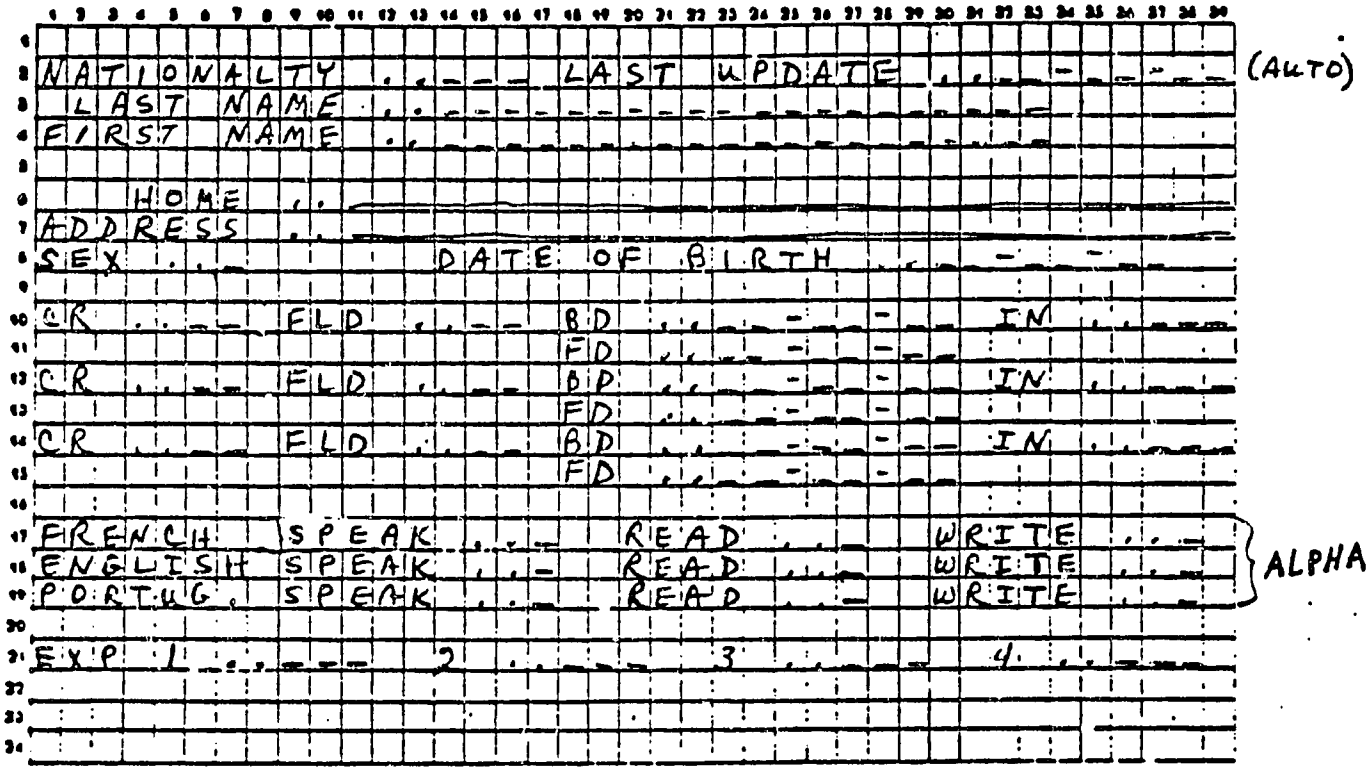
Item 8: Abbreviate this item if necessary, but use abbreviations that can be easily understood.

Previous Page Blank

5-23-82

D B MASTER SCREEN FORM LAYOUT SHEET

PRIMARY KEYS: 1. NATIONALTY
2. LAST NAME



FILE NAME MASTER'S PARTICIPANTS PAGE # 1 OF 2

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD
2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 4, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

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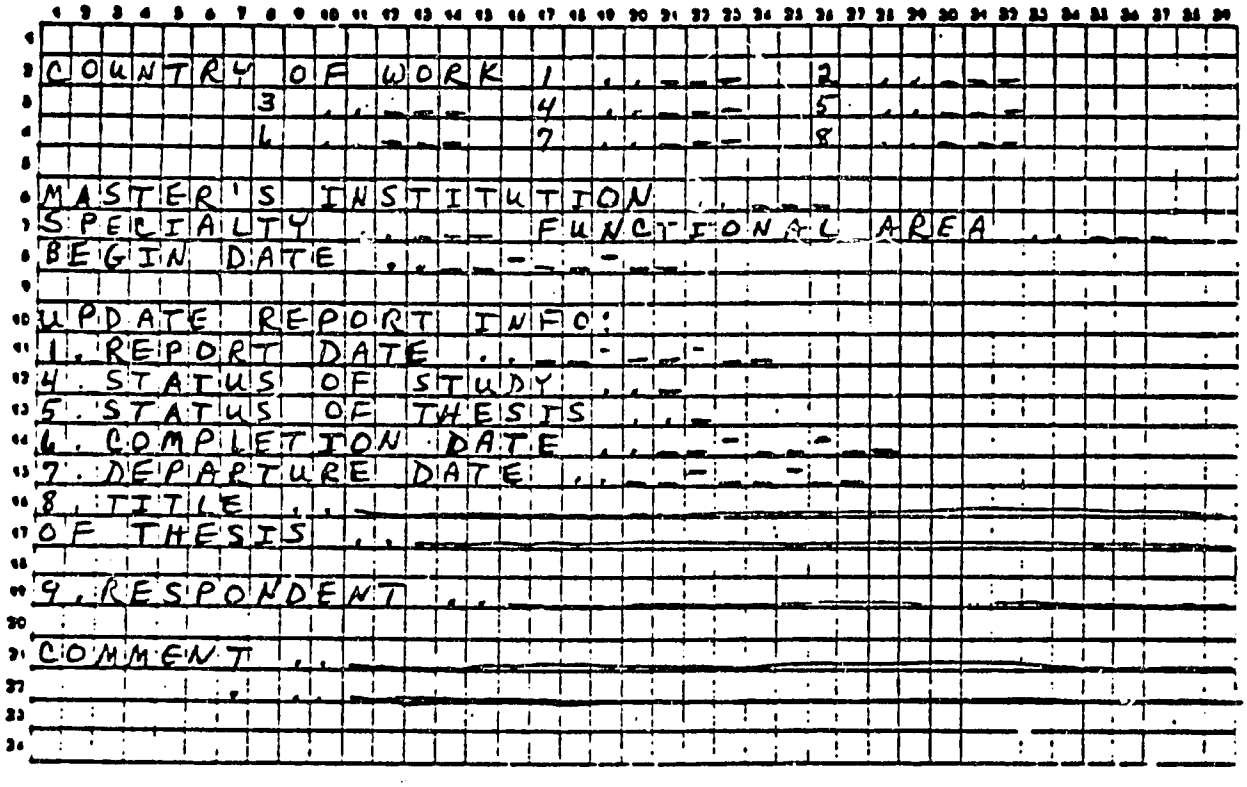
5-23-82

D B MASTER SCREEN FORM LAYOUT SHEET



FILE NAME MASTER'S PARTICIPANTS PAGE # 2 of 2

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD 2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

MASTER'S PARTICIPANTS (WKSP) File Statistics

0 RECORDS IN FILE

REC.LEN.=240 KEY LEN.=31

FIELD NAME	PRIM KEY	SEC KEY	READ PROT	FIELD TYPE	LEN
COUNTRY	YES	NO	NO	ALPHA	2
NAME	YES	NO	NO	ALPHA	29
HOME ADDRESS	NO	NO	NO	ALPHA	24
SEX	NO	NO	NO	ALPHA	1
DATE OF BIRTH	NO	NO	NO	DATE	8
PRIOR EDUCATION	NO	NO	NO	ALPHA	1
DGR1	NO	NO	NO	ALPHA	2
FLD1	NO	NO	NO	ALPHA	2
YR1	NO	NO	NO	ALPHA	2
INST1	NO	NO	NO	ALPHA	2
DGR2	NO	NO	NO	ALPHA	2
FLD2	NO	NO	NO	ALPHA	2
YR2	NO	NO	NO	ALPHA	2
INST2	NO	NO	NO	ALPHA	2
DGR3	NO	NO	NO	ALPHA	2
FLD3	NO	NO	NO	ALPHA	2
YR3	NO	NO	NO	ALPHA	2
INST3	NO	NO	NO	ALPHA	2
COUNTRY OF WORK	NO	NO	NO	ALPHA	3
2	NO	NO	NO	ALPHA	3
3	NO	NO	NO	ALPHA	3
LANG: ENGLISH	NO	NO	NO	Y/N	1
FRENCH	NO	NO	NO	Y/N	1
PORTUGUESE	NO	NO	NO	Y/N	1
AFRICAN	NO	NO	NO	Y/N	1
SPEC1	NO	NO	NO	ALPHA	2
2	NO	NO	NO	ALPHA	2
3	NO	NO	NO	ALPHA	2
EXPERIENCE1	NO	NO	NO	ALPHA	2
EXPERIENCE2	NO	NO	NO	ALPHA	2
EXPERIENCE3	NO	NO	NO	ALPHA	2
EXPERIENCE4	NO	NO	NO	ALPHA	2
TRAINING INST	NO	NO	NO	ALPHA	1
COUNTRY OF INST	NO	NO	NO	ALPHA	3
FIELD OF STUDY	NO	NO	NO	ALPHA	2
BEGIN DATE OF S	NO	NO	NO	DATE	8
QUARTER REPORT	NO	NO	NO	ALPHA	1
1.DATE OF REPOR	NO	NO	NO	DATE	8
4.STATUS OF STU	NO	NO	NO	ALPHA	1
5.END DATE OF S	NO	NO	NO	DATE	8
6.STATUS OF THE	NO	NO	NO	ALPHA	1
7.TITLE OF THES	NO	NO	NO	ALPHA	19
TITLE CONT	NO	NO	NO	ALPHA	23
8.PERSON COMPLE	NO	NO	NO	ALPHA	17
COUNTER	NO	NO	NO	0-255	2
FLAG	NO	NO	NO	ALPHA	2
COMMENT	NO	NO	NO	ALPHA	29

APPENDIX 1.5 - POST BASIC NURSING File Documentation

- Form POSTBN1
- Instructions for Form POSTBN1
- Form POSTBN2
- Instructions for Form POSTBN2
- Computer File Layout Sheet
- Computer File Statistics

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SHDS -
FORM POSTBN1
May 17, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

DATA FORM FOR PARTICIPANTS
POST BASIC NURSING PROGRAMS

FOR OFFICE USE ONLY

Program ☐☐
Nationality ☐☐☐
Short Name ☐☐☐
Seq. NO. ☐☐

1. Name: _____

2. Program . . . . . 1 ☐ CESSI/Yaoundé
2 ☐ CESSI/Dakar
3 ☐ Cuttington

3. Nationality _____

4. Home Address: _____

_____

5. Sex . . . . . ☐ Male
☐ Female

6. Date of Birth . . . . . ☐☐ ☐☐ ☐☐

7. List below the types of credentials (certifications, diplomas, and degrees) that you have received in professional training programs lasting 6 months or longer.

	Type of Credential	Field	Begin Date / End Date (Year/Mo.)	Institution
1			__/__ __/__	
2			__/__ __/__	
3			__/__ __/__	

Previous Page Blank

SHDS -
FORM POSTBN1
Page 2

8. For each of the languages listed below, place an "X" in the box corresponding to your level of proficiency in "Speaking", "Reading", and "Writing".

Language	Speaking					Reading					Writing				
	Native	Fluent	Good	Fair	None	Native	Fluent	Good	Fair	None	Native	Fluent	Good	Fair	Non
French															
English															
Portuguese															
Others															
_____															
_____															
_____															

FOR OFFICE USE ONLY:

French - Speak . . . ____ Read . . . ____ Write . . . ____

English - Speak . . . ____ Read . . . ____ Write . . . ____

Portuguese - Speak . . . ____ Read . . . ____ Write . . . ____

9. Countries of major professional work experience: _____

_____

_____

_____

_____

_____

_____

_____

_____

FOR OFFICE USE ONLY

[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]
[ ][ ][ ]

SHDS -
Form POSTBNI
Page 3

10. Functional Area of Post-Basic Nurse's Training:

1 ☐ Nursing Administration

2 ☐ Nursing Education

3 ☐ Clinical Specialist

11. Date training began . . . . . ☐☐ Year ☐☐ Month ☐☐ Day

Instructions to SHDS Office for
Form POSTBN1 - Data Form for Participants
in Post-Basic Nursing Programs

A. Distribution

These forms will be filled out by persons who have received SHDS fellowships to attend the post basic nursing progam at Cuttington College. Later, the form may also be used for other participants in the Cuttington College program and participants in the CESSI programs.

For participants currently attending the programs, send the forms for completion now. For future participants, forms should be completed at the time studies begin, and then returned to the SHDS office for entry into the POST-BASIC NURSING computer file.

B. Editing and Coding the Form

"For Office Use Only" Section:

1. Program: Enter the code number for the box marked in Item 2.

2. Nationality: Enter the code for the country corresponding to the nationality entered in Item 3. Country codes are in the codebook.

3. Short Name: Enter the first letter of the person's first name and the first two letters of the person's last name.

4. Seq. No.: Enter "01."

Item 1 and 4: If the entries for these items are difficult to read, draw a line through them and rewrite them clearly above.

Item 5 - Sex: If the respondent has written on the dotted line rather than marking the appropriate box, mark the appropriate box.

Item 6 - Date of Birth: Check to see that the date is entered in the correct order (year, month, day), and that each part of the date has been entered using two-digit codes. If the date has been entered improperly in the boxes, draw a line through the incorrect entries, and write the two-digit codes above the boxes. Don't erase!

Item 7 - Credentials:

1. Type of credential: Find the correct code in the codebook. Enter the code to the right of the dotted line.

2. Field: Find the correct code in the codebook. Enter the code to the right of the dotted line.

3. Begin Date/End Date: Make sure that the begin date is written above the horizontal line and that the end date is written below

Previous Page Blank

the horizontal line. If the year and month are not written in the right order or not in two-digit codes, draw a line through what is entered, and write the codes above.

4. Institution: To the right of the vertical dotted line, enter the code for the country in which the institution is located.

Item 8 - Languages: For each of the three languages specified, there should be one and only one level of proficiency marked for speaking, reading, and writing. If the person has no proficiency in an area of the language, he should have marked "None." In the "For Office Use Only" section below the language chart, enter codes corresponding to the participant's answers. The codes are in the codebook. If more than one level of proficiency has been marked for a language under "Speaking" or "Reading" or "Writing," write the code for the highest level marked.

Item 9 - Countries of work experience: For each different country listed by the participant, enter the corresponding country code (from the codebook) in the "For Office Use Only" space.

Item 11 - Date training began: Check to see that the date is entered in the correct order (year, month, day), and that each part of the date is entered in two-digit codes. If the date is entered improperly in the boxes, draw a line through the entry, and write the two-digit codes above the boxes. Don't erase!

C. Entering the Data into the Computer File

"For Office Use Only" (front page): Enter these four items first. They form the unique identification for a record. During data entry, the computer will not allow a record to be entered with the same identification number as another record already on the file. If the computer gives you a message indicating that another record already has the same identification number, check to see if the record already on the file is for the same person as the one on the form you want to enter. If not, try entering sequence number "2," then "3," then "4," etc. until the computer accepts the new identification number. Also write the correct sequence number on the form.

Item 1 and 4: Enter these as written on the form. If you have to abbreviate Item 4, use abbreviations that are easy to understand.

Item 2 - Program: Enter the code for the box that is checked.

Item 3 - Nationality: This will not be entered into the computer.

Item 5 - Sex: Enter either "M" or "F," not the whole word.

Item 7 - Credentials: For "Type," "Field," and "Institution," enter the codes that are to the right of the dotted vertical line.

Item 8 - Languages: Enter the codes written in the "For Office Use Only" section below the chart.

Item 9 - Countries of work experience: For each different country listed, enter the corresponding country code (from the codebook) in the "For Office Use Only Space."

Item 10 - Functional Area: Enter the code for the box that is marked.

SHDS -
FORM POSTBN2
May 17, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

SEMESTER UPDATE REPORT FORM FOR
POST BASIC NURSING PARTICIPANTS

FOR OFFICE USE ONLY

Program [ ][ ]
Nationality [ ][ ][ ]
Short Name [ ][ ][ ]
Seq. No. [ ][ ]

1. Date of Report . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

2. Name of Participant (PLEASE PRINT)

_____

3. Nationality: _____

4. Program: . . . . . 1 [ ] CESSI/Yaoundé
2 [ ] CESSI/Dakar
3 [ ] Cuttington

5. Status of Studies During Reporting Semester
1 [ ] Studies Began - SKIP TO 7
2 [ ] Studies Continued and Will Continue Into Next Semester - SKIP TO 7
3 [ ] Studies Discontinued
4 [ ] Studies Completed

6. Date Studies Completed/Discontinued . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

7. Comments: _____

_____

_____

_____

_____

_____

_____

_____

8. Name of Person Completing Semester Report (PLEASE PRINT)

_____

Previous Page Blank

Instructions to SHDS Office for
Form POSTBN2 - Semester Update Report
Form for Post-Basic Nursing Participants

A. Distribution

Approximately 1 month before the end of each academic semester, send a form for each of the post-basic nursing participants who was enrolled at the beginning of the semester to the institution (in the cases of CESSI students and non-SHDS fellowship students at Cuttington) or to the SHDS advisor who monitors the SHDS fellowship recipients. These forms may be filled out by an administrative person at the institution or by the SHDS advisor, and then returned to the SHDS office for data entry.

B. Editing and Coding the Form

Make sure that there is a completed POSTBN2 for at least each of the SHDS fellowship recipients at Cuttington College.

"For Office Use Only" (front page):

1. Program: Enter the code for the box that is checked in Item 4.

2. Nationality: Enter the country code corresponding to the nationality reported in Item 3. Country codes are in the codebook.

3. Short Name: Enter the first letter of the participant's first name and the first two letters of the participant's last name in the boxes provided.

4. Seq. No.: Leave these boxes blank.

Items 1 and 6: Make sure that dates are written in the correct order (year, month, day), and that each part of the date is written in two-digit codes. If the date is entered incorrectly, draw a line through the entry, and write the date correctly above. Do not erase!

Item 5 - Status of Studies: Make sure that the skip pattern has been followed correctly. If the status of studies is "3" or "4," there should be no entry in Item 6. If there is an entry in Item 6, try to determine whether Item 5 or Item 6 has been answered incorrectly, and draw a line through the incorrect response.

Item 7 - Comments: If there are any comments, make sure that they are legible. Draw a line through any words that are difficult to read and rewrite them.

C. Entering the Data into the Computer File

The data on this form will be entered on the POST BASIC NURSING File and will follow the data from the POSTBN1 in the section of each record labelled "Update Report Info."

Previous Page Blank

"For Office Use Only" (front page): Use the three items "program," "nationality," and "short name" to search for the participant's record in the POST-BASIC NURSING File. They will not be entered into the file.

Items 2,3, and 4: These will not be entered into the computer. They are included on the form for identification and to enable the person editing and coding the form to fill out the "for office use only" section on the front page.

Item 5 - Status of Studies: Enter the code for the box that is marked.

Item 7 - Comments: Enter as much of the comment as possible, abbreviating where possible.

D B MASTER SCREEN FORM LAYOUT SHEET

PRIMARY KEYS: (1) PROGRAM
(2) NATIONALTY
(3) SHNAME
(4) SEQ#

```
PROGRAM ...__                    LAST UPDATE ..__-__-__   (AUTO)
NATIONALTY ...____               SHNAME ...____           SEQ# ...____

1. NAME ...____________________________________________________
4. HOME ...____________________________________________________
  ADDRESS ...____________________________________________________

5. SEX ...__   6. DATE OF BIRTH ...__-__-__

7. CREDENTIALS ...__
CR ...____   FLD ...____   BD ...____-__-__   IN ...____
                           ED ...____-__-__
CR ...____   FLD ...____   BD ...____-__-__   IN ...____
                           ED ...____-__-__
CR ...____   FLD ...____   BD ...____-__-__   IN ...____
                           ED ...____-__-__
8. LANGUAGE ...__
FRENCH   SPEAK ...__   READ ...__   WRITE ...__   }
ENGLISH  SPEAK ...__   READ ...__   WRITE ...__   } ALPHA
PORTUG.  SPEAK ...__   READ ...__   WRITE ...__   }
```

FILE NAME POST BASIC NURSING PAGE # 1 of 2

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD
2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

D B MASTER SCREEN FORM LAYOUT SHEET

```
9. COUNTRY OF WORK 1 . . ___ 2 . . ___
   3 . . ___ 4 . . ___ 5 . . ___ 6 . . ___
   7 . . ___ 8 . . ___

10. FUNCTIONAL AREA . . __
11. BEGIN DATE . . __ - __ - __

UPDATE REPORT INFO . . __

1. DATE OF REPORT . . __ - __ - __
5. STATUS OF STUDIES . . __
6. COMP/DISC DATE . . __ - __ - __
7. COMMENT . . ____________________
. . ____________________
8. RESPONDENT . . ____________________

COUNTER . . __
```

FILE NAME POST BASIC NURSING PAGE # 2 of 2

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD 2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

POST BASIC NURSING File Statistics

POST BASIC NURS 052882

1 RECORDS IN FILE

REC.LEN.=293 KEY LEN.=6

FIELD NAME	PRIM KEY	SEC KEY	READ PROT	FIELD TYPE	LEN
PROGRAM	YES	NO	NO	0-255	1
NATIONALTY	YES	NO	NO	0-255	3
SHNAME	YES	NO	NO	ALPHA	3
SEQ#	YES	NO	NO	0-255	2
LAST UPDATE	NO	NO	NO	TODAY	8
1.NAME	NO	NO	NO	ALPHA	30
4.HOME	NO	NO	NO	ALPHA	30
ADDRESS	NO	NO	NO	ALPHA	28
5.SEX	NO	NO	NO	ALPHA	1
6.DATE OF BIRTH	NO	NO	NO	DATE	8
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
FD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
FD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
CR	NO	NO	NO	0-255	2
FLD	NO	NO	NO	0-255	2
BD	NO	NO	NO	DATE	8
FD	NO	NO	NO	DATE	8
IN	NO	NO	NO	0-255	3
FRENCH SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
ENGLISH SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
PORTUG. SPEAK	NO	NO	NO	ALPHA	1
READ	NO	NO	NO	ALPHA	1
WRITE	NO	NO	NO	ALPHA	1
8.LANGUAGE	NO	NO	NO	ALPHA	1
7.CREDENTIALS	NO	NO	NO	ALPHA	1
9.COUNTRY OF WO	NO	NO	NO	0-255	3
2	NO	NO	NO	0-255	3
3	NO	NO	NO	0-255	3
4	NO	NO	NO	0-255	3
5	NO	NO	NO	0-255	3
6	NO	NO	NO	0-255	3
7	NO	NO	NO	0-255	3
8	NO	NO	NO	0-255	3
10.FUNCTIONAL A	NO	NO	NO	0-255	2
11.BEGIN DATE	NO	NO	NO	DATE	8
1.DATE OF REPOR	NO	NO	NO	DATE	8
5.STATUS OF STU	NO	NO	NO	0-255	1
6.COMP/DISC DAT	NO	NO	NO	DATE	8
7.COMMENT	NO	NO	NO	ALPHA	27
8.RESPONDENT	NO	NO	NO	ALPHA	24
COUNTER	NO	NO	NO	ALPHA	1
UPDATE REPORT I	NO	NO	NO	ALPHA	1
	NO	NO	NO	ALPHA	27

APPENDIX 1.6 - VACCINATION COVERAGE File Docmentation

- Form OBJ3-1
- Instructions for Form OBJ3-1

SHDS -
Form OBJ3-1
May 27, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

SUMMARY SHEET OF VACCINATION COVERAGE STUDIES

Date completed: _____

Entered on computer: ☐ Y _____ (initials)

Date _____

(1) Type of Vaccine	CODE	(2) Country	CODE	(3) Name of DTZ	CODE	(4) Date of Study (Year/Month)	(5) Target Population (SEE REFERENCE SHEET)	(6) Target Coverage (SEE REFERENCE SHEET)	(7) (Actual Reported) Coverage (%)	(8) Calculated Coverage (%)	(9) Percent of Goal Achieved (Column 7 ÷ Column 6)

Previous Page Blank

Instructions to the SHDS Office for
Form OBJ3-1: Summary Sheet of
Vaccination Coverage Studies

A. Distribution

This form will not be distributed outside the SHDS office. It will be completed by the SHDS staff to summarize vaccination coverage studies that the staff participates in or learns of through CDC progress reports, newsletters, or other sources. The form can be completed on a regular basis (quarterly, every 6 months, etc.), or each entry can be made as a study is reported. In either case, the data can be entered into the VACCINATION COVERAGE computer file from Form OBJ3-1 on a regular basis (quarterly, every 6 months, etc.)

B. Completing and Coding the Form

Item 1 - Type of Vaccine: Write the name of the vaccine for which the study was done to the left of the dotted line.

Write the code for the vaccine studied to the right of the dotted line. The codes are in the codebook.

Item 2 - Country: Write the name of the country in which the study was conducted to the left of the dotted line.

Write the code for the country to the right of the dotted line. The codes are in the codebook.

Item 3 - Name of DTZ: Write the name of the DTZ in which the study was conducted, if applicable, to the left of the dotted line.

Write the code for the DTZ to the right of the dotted line. The codes are in the codebook.

Item 4 - Date of Study: Write the year and month during which the study was conducted, using numerical codes. Be sure to write the date as year first, and then month. For example, for a study conducted in July 1982, write "82/7." If a study was conducted over 2 or more consecutive months, write the code for the month in which the study was completed.

Items 5 and 6: These items will probably not be included in reports of individual coverage studies. These targets relate to the original and modified project goals, and shold be maintained on a reference sheet broken down by demonstration and training zones. The reference sheet can then be used for completing Items 5 and 6.

Item 7 - (Actual Reported) Coverage: Write the percent coverage found in the study.

Item 8 - Calculated Coverage: This item will probably not be reported in a coverage study report, and therefore will have to be calculated by the SHDS

Previous Page Blank

staff from available data. Calculated coverage = $\frac{\text{Number of vaccinations given.}}{\text{target population}}$

Item 9 - Percent of Goal Achieved: Divide Item 7 by Item 6. Round this to the nearest percentage, and write the result on the form.

C. Entering the Data into the Computer File

Items 1, 2, and 3: Enter the code that is written to the right of the dotted line.

Item 4 - Date of Study: Enter the two-digit codes for the year and month. Enter "98" for the day.

Items 5 and 6: Enter the numbers without using commas.

Items 7, 8, and 9: Enter the percentages as whole numbers. Do not enter decimal points or percent signs.

After entering all the data from one Form OBJ3-1, check the box in the upper right-hand corner to indicate that the data has been entered, then write the date and your initials.

APPENDIX 1.7 - MORBIDITY/MORTALITY File Documentation

- Form OBJ3-2
- Instructions for Form OBJ3-2

SHDS-
Form 08J3-2
May 27, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

SUMMARY SHEET OF MORBIDITY/MORTALITY

Date completed: _____

Entered onto computer: ☐ _____ (initial)

Date _____

(1) Disease	CODE	(2) Country	CODE	(3) Date (Year/Month)	(4) Place	CODE	(5) Source of Study Data	(6) No. in pop. studied	(7) Related do original target Y/N	(8) If 7 = Yes % Reduction	(9) Reference CODE	Date
							1 - Sentinel facility reporting 2 - Routine surveillance data 3 - Special surveillance data 4 - Special community survey - Other				1 - Special communication 2 - Monthly narrative 3 - 6-month report 4 - Annual report 5 - Newsletter publication - Other	

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Instructions to the SHDS Office for
Form OBJ3-2: Summary Sheet of
Morbidity/Mortality

A. Distribution

This form will not be distributed outside the SHDS office. It will be completed by the SHDS staff to summarize morbidity and mortality studies that the staff participates in or learns of through CDC progress reports, newsletters, or other sources. The form can be completed on a regular basis (quarterly, every six months, etc.), or each entry can be made as a study is reported. In either case, the data can be entered into the MORBIDITY/ MORTALITY file from Form OBJ3-2 on a regular basis (quarterly, every six months, etc.).

B. Completing and Coding the Form

Use one Form OBJ3-2 for morbidity studies, and another form OBJ3-2 for mortality studies. Circle either "Morbidity" or "Mortality" in the form title ("Summary Sheet of Morbidity/Mortality) to indicate which type of study is entered on the form.

Item 1 - Disease: Write the name of the disease studied to the left of the dotted line.

Write the code for the disease studied to the right of the dotted line. The codes are in the codebook.

Item 2 - Country: Write the name of the country in which the study was conducted to the left of the dotted line.

Write the code for the country to the right of the dotted line. The codes are in the codebook.

Item 3 - Date: Write the year and month during which the study was conducted, using numerical codes. Be sure to write the date as year first, and then month. For example, for a study conducted in July 1982, write "82/7." If a study was conducted over two or more consecutive months, write the code for the month in which the study was completed.

Item 4 - Place: Write the name of the place where the study was conducted to the left of the dotted line. This may be a village, a particular region of a country, a DTZ, etc.

Write the code for the place of the study to the right of the dotted line. The codes for DTZ's are in the codebook. Codes for other places (villages, etc.) will have to be added as needed.

Item 5 - Source of Study Data: Enter the code number only that corresponds to the type of data used in the morbidity or mortality study. The codes are listed on this form at the bottom of the column.

Previous Page Blank

If the type of data is something other than the four types listed, write in the actual type of data used, rather than writing a code number. Then check the codebook to see if a code has already been assigned to the "other" type of data. If so, write the code on the form beside or directly below the written entry you have made. If there is not yet a code for the type of data, assign the next available code. Write this code on the form, and also immediately write the code and its description in the codebook.

Item 6 - Number in population studied: This number should be in the study report.

Item 7 - Related to original target Y/N: Write "Y" for Yes or "N" for No to indicate whether or not the area studied is one of the areas originally targetted by the project for which specific goals in reduction of morbidity and mortality were set.

Item 8 - % Reduction: Complete this item only if item 7 is "Yes" (Y). Percent reduction is the percent change between the original morbidity or mortality rate and the current rate.

Item 9 - Reference: Write the code number only that corresponds to the type of report, communication, etc. from which information about the study was obtained. The codes are listed on this form at the bottom of the column.

If the source of information is something other than the five sources specified on the form, write in the actual source rather than a code. Then check the codebook to see if a code has already been assigned to the "other" source of information. If so, write the code on the form beside or directly below the written entry you have made. If there is not yet a code for the source of information, assign the next available code. Write this code on the form, and also immediately write the code and its description in the codebook.

C. Entering the Data into the Computer File

Enter the appropriate code to indicate whether the study was a morbidity or a mortality study.

Items 1, 2, and 4: Enter the code that is written to the right of the dotted line.

Item 3 - Date: Enter the two-digit codes for year and month. Enter "98" for the day.

Item 5 - Source of Study Data: Enter the code number that is written in this column. If there is a written entry in this column, there should be a code number written beside or directly below it. Enter the code. Do not enter the written entry.

Item 6 - Number in population studied: Enter the number without using commas.

Item 7 - Percent Reduction: Enter the percentages as whole numbers. Do not enter percent signs.

Item 8 - Percent Reduction: Enter the percentages as whole numbers. Do not enter percent signs.

Item 9 - Reference: Enter the code number and the date. If there is a written entry in this column, there should be a code number written beside or directly below it. Enter the number. Do not enter the written entry. After entering all the data from one OBJ3-2, check the box in the upper right-hand corner to indicate that the data has been entered into the computer. Then initial and date the form.

APPENDIX 1.8 - APPLIED RESEARCH File Documentation

- Form APPRES1
- Instructions for Form APPRES1
- Form APPRES2
- Instructions for Form APPRES2

Previous Page Blank

SHDS -
Form APPRES1
May 31, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

APPLIED RESEARCH PROJECT
PROPOSAL DATA FORM

FOR OFFICE USE ONLY

Country [ ][ ][ ]

Seq. No. [ ][ ]

1. Title of Project: _____

2. Country from Which Proposal Received: _____

3. Date Proposal Initially Received: . . . . . [ ][ ] Year [ ][ ] Month [ ][ ] Day

4. Information on Principal Investigator:

   (a) Name: _____

   (b) Mailing Address: _____

   (c) Telephone No.: _____

   (d) Telex No.: _____

   (e) Organization: _____

   (f) Mailing Address of Organization: _____

5. Information on Institutions Involved:

   (a) Respousible Organization:

   (b) Operational Organization: _____

Previous Page Blank

SHDS -
Form APPRES1
Page 2

6. Project Information:

(a) Project site: ☐☐☐

(b) Proposed length (in months): . . . . . ☐☐

(c) Budget

	SHDS	OTHER
Personnel	☐☐☐☐☐☐☐ .	☐☐☐☐☐☐☐
Operating expenditures . .	☐☐☐☐☐☐☐ .	☐☐☐☐☐☐☐
Major equipment	☐☐☐☐☐☐☐ .	☐☐☐☐☐☐☐
Animals	☐☐☐☐☐☐☐ .	☐☐☐☐☐☐☐
Travel	☐☐☐☐☐☐☐ .	☐☐☐☐☐☐☐
Other	☐☐☐☐☐☐☐ .	☐☐☐☐☐☐☐
Total	☐☐☐☐☐☐☐ .	☐☐☐☐☐☐☐

(d) Research methodology . . . . . ☐☐☐

IN THE SPACES TO THE RIGHT, ENTER A 3-DIGIT CODE TO DESCRIBE THE METHODOLOGY FOR EACH TYPE OF STUDY INCLUDED IN THE RESEARCH PROJECT. Use codes on next page.

☐☐☐

☐☐☐

☐☐☐

☐☐☐

CODES FOR APPLIED RESEARCH PROJECT RESEARCH METHODOLOGY

BASIC DESIGN AND TECHNIQUE	SAMPLE SELECTION					
	Total pop. without control	Total pop. with control	Systematic without control	Systematic with control	Random without control	Random with control
Retrospective Cross-Sectional Survey						
- Qualitative Measurement	111	112	113	114	115	116
- Quantitative Measurement	121	122	123	124	125	126
- Questionnaire	131	132	133	134	135	136
- Laboratory Exam	141	142	143	144	145	146
- Review and Analysis of Existing Data	151	152	153	154	155	156
-						
-						
Retrospective Case Control						
- Qualitative Measurement	211	212	213	214	215	216
- Quantitative Measurement	221	222	223	224	225	226
- Questionnaire	231	232	233	234	235	236
- Laboratory Exam	241	242	243	244	245	246
- Review and Analysis of Existing Data	251	252	253	254	255	256
-						
-						
Prospective Cohort						
- Qualitative Measurement	311	312	313	314	315	316
- Quantitative Measurement	321	322	323	324	325	326
- Questionnaire	331	332	333	334	335	336
- Laboratory Exam	341	342	343	344	345	346
- Review and Analysis of Existing Data	351	352	353	354	355	356
-						
-						
Retrospective /Prospective (TROHOC)						
- Qualitative Measurement	411	412	413	414	415	416
- Quantitative Measurement	421	422	423	424	425	426
- Questionnaire	431	432	433	434	435	436
- Laboratory Exam	441	442	443	444	445	446
- Review and Analysis of Existing Data	451	452	453	454	455	456
-						
-						

BASIC DESIGN AND TECHNIQUE	SAMPLE SELECTION					
	Total pop. without control	Total pop. with control	Systematic without control	Systematic with control	Random without control	Random with control
Simple Descriptive						
- Qualitative Measurement	511	512	513	514	515	516
- Quantitative Measurement	521	522	523	524	525	526
- Questionnaire	531	532	533	534	535	536
- Laboratory Exam	541	542	543	544	545	546
- Review and Analysis of Existing Data	551	552	553	554	555	556
-						
-						
-	611	612	613	614	615	616
-	621	622	623	624	625	626
-	631	632	633	634	635	636
-	641	642	643	644	645	646
-	651	652	653	654	655	656
-						
-						
-	711	712	713	714	715	716
-	721	722	723	724	725	726
-	731	732	733	734	735	736
-	741	742	743	744	745	746
-	751	752	753	754	755	756
-						
-						

SHDS -
Form APPRES1
Page 5

7. SHDS inputs to Proposal Review (CHECK ALL THAT APPLY)

1 ☐ Literature review

2 ☐ SHDS office staff review critique

3 ☐ SHDS on site visits

4 ☐ Consultant staff on-site visit

☐ Other (specify) _____

_____

☐ Other (specify) _____

_____

8. Proposal status: . . . . . 1 ☐ In review by SHDS office - STOP

2 ☐ Referred back to author for rewrite before submitting to AID/AFRO.

3 ☐ Sent to AID/AFRO.

4 ☐ Approved by AID, awaiting AFRO approval.

5 ☐ Approved by AFRO, awaiting AID approval.

6 ☐ Rejected by AID, awaiting AFRO decision.

7 ☐ Rejected by AFRO, awaiting AID decision.

8 ☐ Approved by AID, rejected by AFRO.

9 ☐ Approved by AFRO, rejected by AID.

10 ☐ Rejected by both AID and AFRO.

11 ☐ Approved by both AID and AFRO.

SHDS -
Form APPRES1
Page 6

9. Date returned to author for rewrite . . . . . Year Month Day

10. Date of final approval/rejection by AID . . . . Year Month Day

11. Date of final approval/rejection by AFRO . . . . Year Month Day

If approved by both:

12. Date project scheduled to begin . . . . . Year Month Day

13. Periodicity of progress reports . . . . . 1 ☐ Monthly
2 ☐ Quarterly

14. Date first progress report due . . . . . Year Month Day

Instructions to SHDS Office
for Form APPRES1 - Applied Research
Project Proposal Data Form

A. Distribution

This form will be completed by a SHDS staff member to record information about a proposed applied research project and to follow the status of the proposal through final approval or rejection. The information for the first two pages of this form will come from the research proposal itself. The information for the last pages of the form will be supplied by the SHDS staff member based on personal involvement in and knowledge of this aspect of the SHDS project.

Each month, a computer list should be produced of all proposals for which approval is still pending (have not been finally approved or finally rejected). The last two pages of Form APPRES1 should then be updated, and the updates entered into the computer file. This process will continue for a proposal until it is finally approved or rejected.

B. Completing, Coding, and Editing the Form

"For Office Use Only" (Front Page):

1. Country: Enter the code for the country from which the proposal was received. Codes are in the codebook.

2. Seq. No.: Enter "01."

Item 3 - Date Proposal Initially Received: Write the date in the order indicated (year, month, day) using two-digit codes.

Item 4c - Telephone: Write the phone number at which the principal investigator can most easily be reached, whether this is a business or a home number.

Item 4e - Organization: Write the name of the organization (company, health institution, university, etc.) with which the primary researcher is affiliated.

Item 5a - Responsible Organization: Write the name of the organization that will have overall administrative responsibility for the applied research project.

Item 5b- Operational Organization: Write the name of the organization that will implement the research project.

Item 6a - Project Site: In the boxes provided, enter the code for the site (village, region, etc.) where the project will be implemented. Codes are in the codebook.

Item 6b - Proposed Length: In the boxes provided, write the total number of months that the research project is expected to last.

Item 6c - Budget: Make all entries in US dollars. Round to the nearest dollar.

Item 6d - Research Methodology: In the boxes provided, write three-digit codes for the various methodologies that are proposed in conducting the research project. Note that there are spaces for entering up to five different methodologies. Codes are in a chart on the following two pages of the form.

Item 7 - SHDS Inputs to Proposal Review: Place an "X" in the box next to all applicable SHDS inputs to date. If there have been other inputs that are not listed, mark the box beside "Other," and indicate what the input was in the space provided.

If the "Other" box is marked, a code number will have to be written beside the box before the data can be entered into the computer. Check the codebook to see if there is already a code for the "other" input specified. If so, use that code. If not, use the next available code. Be sure to write the code and its code description in the codebook.

Item 8 - Proposal Status: Place an "X" in one box only corresponding to the current status of the proposal.

Items 9-11: Enter these dates in the order indicated (year, month, day) using two-digit codes.

Item 12 - Date Project Scheduled to Begin: Complete this item only for proposals that have been approved. Enter the date in the order indicated (year, month, day) using two-digit codes.

Item 13 - Periodicity of Progress Reports: Complete this item only for projects that have been approved. Place an "X" in the box corresponding to the frequency with which progress reports are to be submitted by the principal investigator to the SHDS office.

Item 14 - Date First Progress Report Due: Complete this item only for projects that have been approved. Enter the date in the order indicated (year, month, day) using two-digit codes.

C. Entering the Data into the Computer File

"For Office Use Only (Front Page):

Enter these two items first. They form the unique identification for the record. If the computer indicates that another record in the file already has the same identification number, change the sequence number. Be sure to show this change on the form itself.

Item 2 - Country: This will not be entered on the computer.

Item 4a-4f - Information on Principal Investigator: Use abbreviations as necessary in Items 4b, 4e, and 4f. Be sure to use abbreviations that are common or easily understood.

Item 5 - Information on Institutions: Use abbreviations as necessary. Be sure to use abbreviations that are common or easily understood.

Items 6a-6d - Project Information: Enter the numerical codes or cost amounts that are written in the boxes.

Items 7 and 8: Enter the code that is beside the marked box.

Item 13 - Periodicity of Progress Reports: Enter the code that is beside the marked box.

SHDS -
Form APPRES2
May 31, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

SUMMARY OF PROGRESS REPORT
FOR APPROVED APPLIED RESEARCH PROJECTS

FOR OFFICE USE ONLY
Country ☐☐☐
Seq. No. ☐☐

1. Name of Project: _____

2. Date of Progress Report: . . . . . ☐☐ Year ☐☐ Month ☐☐ Day

3. Date Next Report Due: . . . . . ☐☐ Year ☐☐ Month ☐☐ Day

SECTION A - EXPENDITURES

Type of Expenditure	Total Project Budget	Expenditures Reported			
		1st Report Period	2nd Report Period	3rd Report Period	4th Report Period
Personnel, Total					
Operating Expenditures, Total.					
Major Equipment					
Animals					
Travel					
Other Expenditures					

SECTION B - SCHEDULE

5. Is this project on target with the original schedule? ☐ Y-SKIP TO 7 ☐ N

6. Has the original schedule been modified? ☐ Y ☐ N

Previous Page Blank

SHDS -
Form APPRES2
Page 2

SECTION C - PROBLEMS

7. Indicate below the types of problems identified, and whether or not they have been resolved.

Brief Description	Date Problem Reported	Resolved? ('Y' or 'N')

SHDS -
Form APPRES2
Page 3

SECTION D - DISSEMINATION OF RESULTS

8. Does the progress report indicate that research findings have been released?

1 ☐ Y

2 ☐ N - SKIP TO 10

9. To what organizations, or in what publications have data been released?

Name of Organization or Publication Citation	DATE (of publication)

10. What is the status of the final report?

1 ☐ Not begun
2 ☐ 1st draft in progress
3 ☐ 1st draft reviewed
4 ☐ 2nd or higher draft in progress
} STOP

5 ☐ Completed

11. Date final report completed? . . . ☐☐ Year ☐☐ Month ☐☐ Day

Instructions to SHDS Office for
Form APPRES2 - Summary of
Progress Report for Approved
Applied Research Projects

A. Distribution

This form will be completed by a SHDS staff member to summarize progress reports that are submitted to the SHDS office for approved applied research projects by the principal researcher. Since progress reports will be submitted at different times for different applied research projects, it would be best to complete this form for a given project as soon as the progress report is received. Data from this form will be entered into the same computer file as data from Form APPRES1.

B. Completing, Coding, and Editing the Form

"For Office Use Only" (front page):

Enter the country code and sequence numbe for the project which this Form APPRES2 covers. The country code and sequence number are the same as the country code and sequence number on Form APPRES1 for the same project. A computer printout list of all applied research projects showing name of the project, name of the principal investigator, name of the country, and computer identification number (country code and sequence number) should be maintained to facilitate locating a specific research project record on the computer.

Item 2 - Date of Progress Report:

Enter the date in the order indicated (year, month, day) using two-digit codes.

Item 3 - Date Next Report Due:

Enter the date in the order indicated (year, month, day) using two-digit codes. If the current report is the last expected report, enter "00" for each part of the date, indicating that there are no more reports due.

Section A - Expenditures:

The first time that a Form APPRES2 is completed for this project, write the budget (in U.S. dollars) in the spaces provided. Each reporting period, write the amounts expended (in U.S. dollars) in the appropriate column (e.g., if the current report is the first progress report, write the expenditure in the "1st Report Period" column).

Item 5 - Is This Project on Target With the Original Schedule?: Place an "X" in the box beside either "Y" (Yes) or "N" (No). If the "Y" box is marked, skip to Item 7.

Item 6 - Has the Original Schedule Been Modified?: Answer this only if Item 5 is "Y." Place an "X" in the box beside "Y" or beside "N."

Previous Page Blank

Item 7 - Problems:

Write a brief description of any problems in implementing the project that are identified in the current progress report. Write the date that the problem is reported, and enter "Y" or "N" in the space provided to indicate whether or not the problem has been resolved.

Item 8: Place an "X" in the appropriate box to indicate whether or not this progress report indicates that research findings have been released. If not, skip to Item 10.

Item 9: Enter the name of the organization to which data was released and the date. If the data was published, enter the citation for that publication which would be needed in locating the article, and enter the date of the article.

Item 10 - Status of Final Report: Place an "X" in the appropriate box.

Item 11 - Date Final Report Completed:

Enter the date in the order indicated (year, month, day) using two-digit codes.

C. Entering the Data into the Computer File

"For Office Use Only" (front page):

Do not enter this into the computer. Use these two items to locate the computer record for this project which was created when data from Form APPRES1 was entered. Data from Form APPRES2 will follow the APPRES1 data on each record.

Item 1 - Name of Project:

Do not enter this item into the computer. Use this item to verify that the record you have located using the country code and sequence number is for the right project.

Items 2 and 3: Replace the old dates in the computer record with these dates on the form.

Section A - Expenditures:

Do not replace data already on the file. There should be a slot on the record for each type of expenditure during each of the reporting periods. Be sure to enter expenditures in the correct reporting period.

Items 5 and 6:

Enter "Y" or "N," replacing the current entry. If one or both of the items has been left blank, do not change the entry currently in the computer file for the item(s) left blank.

Item 7 - Problems:

If for any of the problems listed there is a "Y" in the "Resolved?" column, check the computer record to see if this same problem had been reported on an earlier progress report as unresolved. If so, change the computer file entry to indicate that the problem has been resolved.

In entering the brief description of problems, use abbreviations where possible. If, over several reporting periods, the number of problems reported exceeds the space allowed in the computer file, create a computer listing of the problems entered in the computer file, then delete those entries and begin entering new data.

Item 8: If this item is blank in the computer file, enter "Y" or "N" corresponding to the box that is marked. If the computer file has an "N" for that item, and the form itself is marked "Y," change the computer entry to a "Y." If the computer entry is "Y," do not change it regardless of the answer on the form.

Item 9: Name of Organization or Publication Citation:

Abbreviate where possible when entering this data, using abbreviations that are easy to understand.

Item 10 - Status of Final Report: Enter the code number that is beside the marked box.

APPENDIX 1.9 - STAFF TRAVEL File Documentation

- Form TRAVEL1
- Form TRAVEL2
- Instructions for Forms TRAVEL1 and TRAVEL2
- Computer File Layout Sheet
- Computer File Statistics

Previous Page Blank

SHDS -
FORM TRAVEL1
May 18, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

TRAVEL RECORD FORM

FOR OFFICE USE ONLY

* Short Name [ ][ ][ ]
* Year [ ][ ]
* City [ ][ ][ ]
* Seq. No. [ ][ ]

INSTRUCTIONS TO TRAVELER: COMPLETE ITEMS 1-6 AND SUBMIT TO STAFF ACCOUNTANT TO INITIATE TRAVEL ARRANGEMENTS.

* 1. Name of Traveler (PLEASE PRINT): _____

* 2. Place: _____ City _____ Country

* 3. Dates: [ ][ ] Year [ ][ ] Month [ ][ ] Day to [ ][ ] Year [ ][ ] Month [ ][ ] Day

* 4. Objective: . . . . . .
  - 1 [ ] Obj. I
  - 2.1 [ ] Obj. II - Lomé/Lagos
  - 2.2 [ ] Obj. II - CESSIs
  - 2.3 [ ] Obj. II - Liberia
  - 3 [ ] Obj. III
  - 4 [ ] Obj. IV
  - 5 [ ] No specific obj. - SKIP TO 6

* 5. Sub-objective: __.__.__ or [ ] No specific sub-objective

* 6. Brief statement of trip purpose:

_____

_____

_____

_____

"*" Indicates items to enter on computer file.

THIS SECTION FOR USE OF STAFF ACCOUNTANT

* 7. Total days: _____

* 8. Per diem rate: $_____

* 9. Per diem advance: $ _____ Date: _____ Check # _____

* 10. Initial travel cost: $ _____ Purchase Order # _____

Previous Page Blank

SHDS -
FORM TRAVEL1
Page 2

Cost Reconciliation Items (to be completed after traveler has completed and submitted Form TRAVEL2)

TRAVEL

* 11. Ticket returned for credit? ☐ Y → Date: _____
☐ N

* 12. Ticket credit received? ☐ Y → Amount: $ _____
Date: _____
☐ N

* 13. Final Travel Cost: $ _____
(Item 10 - Item 12 Amount)

PER DIEM

____ Days @ $ _____ = $ _____
(_____ + _____ hotel)

____ Days @ $ _____ = _____
(_____ + _____ hotel)

____ Days @ $ _____ = _____
(_____ + _____ hotel)

____ Days @ $ _____ = _____
(_____ + _____ hotel)

____ Days @ $ _____ = _____
(_____ + _____ hotel)

14. Per diem subtotal: $ _____

15. Miscellaneous expenses subtotal: _____
(Form TRAVEL2, Section C)

* 16. Final Per Diem Total: $ _____
(Item 14 + Item 15)

* 17. Total Cost (Item 13 + Item 16): $ _____

SHDS -
FORM TRAVEL1
Page 3

Amount Owed to Traveler: $ _____

Date Paid: __/__/__ Check # _____

Amount Owed to SHDS Account: $ _____

Date Paid: __/__/__

Signature of Traveler: _____

Signature of Accountant: _____

SHDS -
FORM TRAVEL2
May 18, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS

REPORT OF TRAVEL EXPENSES

1. Name of Traveller (PLEASE PRINT): _____

2. Place: _____ Dates: __/__/__ - __/__/__

Section A: Itinerary

DATE		CITY	TIME	FLIGHT	OTHER MODE OF TRAVEL, IF NOT PLANE
	LV: AR:				
	LV: AR:				
	LV: AR:				
	LV: AR:				
	LV: AR:				
	LV: AR:				

Section B: Hotels

DATE(S)	CITY	HOTEL	NO. NIGHTS	COST/NIGHT	TOTAL

TOTAL HOTEL EXPENSES: _____

Previous Page Blank

SHDS -
FORM TRAVEL2
Page 2

Section C: Itemization of Miscellaneous Expenses

DATE	DESCRIPTION	COST
	TOTAL MISCELLANEOUS EXPENSES:	

Instructions to SHDS Office for
Form TRAVEL1 - Travel Record Form
and
Form TRAVEL2 - Report of Travel Expenses

A. Distribution

Forms TRAVEL1 and TRAVEL2 will be used to maintain records of travel by the SHDS staff. Initially, this record will include SHDS/Abidjan staff, although it can later be expanded to include SHDS/Boston staff. The first section of TRAVEL1 will be completed by the traveler at the time planning for his/her trip begins. The traveler will then give the form to the staff accountant/office manager, who will use the rest of the form as a worksheet and record of expenses.

After travel is completed, the traveler will complete Form TRAVEL2, which is a record of the trip itinerary and costs incurred (hotels and miscellaneous expenses). The traveler will then submit this form to the staff accountant/office manager, who will transfer information from this form onto Form TRAVEL1.

Selected items from Form TRAVEL1 will be entered into the STAFF TRAVEL computer file.

B. Completing, Coding, and Editing Form TRAVEL1

Items 1-6 will be completed by the traveler.

Item 3 - Dates: Enter the date that travel will begin and the date that travel will end. Enter the dates in the order indicated (year, month, day) using 2-digit codes.

Item 4 - Objective: Place an "X" in the box beside the SHDS Objective for which the trip is being taken. If the trip is not for a specific project objective (e.g., for a PCC meeting), mark the last box, then skip to Item 6.

Item 5 - Subobjective: In the spaces provided, write the number of the subobjective (from the implementation plan) for which the trip is being taken. This should include only the subobjective number, not the objective number. If there is not one specific subobjective for which the trip was taken, mark the box beside "No specific subobjective."

Items 7 - 17 and page 3 will be completed by the staff accountant. Items 7 through 10 will be completed before travel begins.

Item 7 - Total Days: Write the total number of days during which the traveler will be in travel status and will receive per diem. Use numerals here, not words.

Item 8 - Per Diem Rate: Write the per diem rate for the city to which the traveler is going.

Item 9 - Per Diem Advance: Enter the total amount of per diem advanced to the traveler (all amounts must be written in U.S. dollars). Enter the date the advance was given to the traveler (the date can be written in any way), and the check number (if applicable).

Item 10 - Initial Travel Cost: Enter the cost of the plane ticket, train ticket, etc. and the number of the purchase order used to purchase the ticket.

Item 11 - Ticket Returned for Credit?: This refers to an unused portion of a ticket being returned to the airline for credit. If the ticket was returned for credit, mark the box beside "Y," and enter the date it was returned. If not, mark "N."

Item 12 - Ticket Credit Received?: If the ticket was not returned for credit, skip this item. If the ticket was returned for credit, but credit has not yet been received, mark "N." When credit is received, change to "Y," and enter the amount of credit received and the date received.

Item 13 - Final Travel Cost: Enter the final travel cost amount after all credits, etc. have been received.

Item 14 - Per Diem Subtotal: Enter the total per diem expenditures. Data for calculating this total will come from Form TRAVEL2.

Item 15 - Miscellaneous Expenses Subtotal: This item will come from Form TRAVEL2.

Item 16 - Final Per Diem Total: Enter the sum of the per diem and miscellaneous expenses subtotals.

Item 17 - Total Cost: Enter the sum of the final travel cost and the final per diem.

Page 3 - After all final costs have been computed, the traveler may owe money back, or SHDS may owe the traveler money. Fill this page out appropriately.

"For Office Use Only" (Page 1): Before the data from this form can be entered on the computer, this section has to be completed.

1. Short Name: Enter the initials of the traveler (first-name initial, middle-name initial, then last-name initial).

2. Year: Enter the last two digits of the year during which the travel took place.

3. City: Enter the code for the city that the traveler visited.

4. Seq. No.: Enter "01."

C. Entering the Data into the Computer File

Not all items on Form TRAVEL1 will be entered into the computer file. All items to be entered are marked with a "*." Page 1 Items should be entered before travel begins. Page 2 Items should be entered after travel is completed.

"For Office Use Only": These items will be entered first since they form the unique identification for the record. It may be necessary to enter a sequence number other than "01," since the sequence number is used here to number the trips made to the same city in the same year by the same traveler. If a sequence number other than "01" is entered into the computer, be sure to show this change on the form itself.

Item 4 - Objective: Enter the number that is beside the marked box.

Item 5 - Subobjective: If a number is written here, enter the number exactly as written, including the periods. If the box beside "No specific subobjective" is marked, or if nothing is marked in this item, enter nothing in the computer file.

Item 6 - Purpose of Trip: Use abbreviations where necessary when entering this.

Item 9 - Per Diem Advance: Enter only the dollar amount, not the date or check number.

Item 10 - Initial Travel Cost: Enter only the dollar amount, not the purchase order number.

Item 11 - Ticket Returned for Credit?: Enter only "Y" or "N" as marked. Do not enter the date.

Item 12 - Ticket Credit Received?: If nothing is marked here, enter nothing into the computer file. Otherwise, enter "Y" or "N" as marked. If "Y" is marked, also enter the dollar amount. Do not enter the date.

D B MASTER SCREEN FORM LAYOUT SHEET

PRIMARY KEYS: (1) SNAME
(2) YR
(3) CITY
(4) SEQ

```
1
2                                   LAST UPDATE . . ___-___-___   auto
3 SNAME . . ____   YR . . ___   CITY . . ____   SEQ . . ___
4 NAME . .
5 BEGIN DATE . . ___-___-___   END . . ___-___-___
6   OBJECTIVE . . ____   SUB-OBJ . . _____
7   PURPOSE . .
8         OF . .
9      TRIP . .
10
11 TOTAL DAYS . . ___
12 PER DIEM . . $____.__
13 TOTAL PER DIEM ADV . . $____.__
14 INITIAL TRAVEL COST . . $____.__
15   TICKET CREDIT EXP (Y/N) . . _
16   TICKET CREDIT REC (Y/N) . . _
17   AMOUNT CREDIT REC . . $____.__
18
19 FIN TRAVEL . . $____.__
20 FIN PERDIE . . $____.__   TOTAL . . $_____.__
21     MORE . .
22 DETAILS . .
23
24
```

FILE NAME STAFF TRAVEL _____ PAGE # 1 of 1 _____

EACH FIELD HAS 2 LENGTHS ASSOCIATED WITH IT: 1. # OF CHARACTERS IN FIELD 2. MAX. # OF SPACES IT CAN OCCUPY ON SCREEN, INCLUDING $, —, (Y/N), ETC.

USE 2ND (GREATER) LENGTH IN DESIGNING YOUR FORM ABOVE. NOTE 1ST (SHORTER) FIGURE AT EACH FIELD TO REMIND YOU OF LENGTH TO ENTER INTO COMPUTER.

TO DETERMINE 2ND LENGTH, USE THE FOLLOWING RULES:

FIELD TYPE	# TO ADD TO 1ST LEN.	MINIMUM 2ND LENGTH	MAXIMUM 2ND LENGTH
ALPHANUMERIC	3	4	33
0 - 255	3	4	6
+ / — 32767	3	4	9
FLOATING POINT	3	4	11
DOLLAR / CENTS	4	8	15
YES / NO		2ND LENGTH = 9	
SOCIAL SECURITY		2ND LENGTH = 14	
TELEPHONE NUMBER		2ND LENGTH = 15	
DATE & AUTO DATE		2ND LENGTH = 11	

DO NOT USE LINES 1, 23 OR 24. DO NOT GO BEYOND CHARACTER POSITION #39.

Previous Page Blank

STAFF TRAVEL File Statistics

STAFF TRAVEL 051332

5 RECORDS IN FILE

REC.LEN.=249 KEY LEN.=6

FIELD NAME	PRIM KEY	SEC KEY	READ PROT	FIELD TYPE	LEN
SNAME	YES	NO	NO	ALPHA	3
YR	YES	NO	NO	0-255	2
CITY	YES	NO	NO	0-255	3
SEQ	YES	NO	NO	0-255	2
NAME	NO	NO	NO	ALPHA	30
BEGIN DATE	NO	NO	NO	DATE	8
END	NO	NO	NO	DATE	8
OBJECTIVE	NO	NO	NO	ALPHA	3
SUB-OBJ	NO	NO	NO	ALPHA	6
PURPOSE	NO	NO	NO	ALPHA	28
OF	NO	NO	NO	ALPHA	28
TRIP	NO	NO	NO	ALPHA	28
TOTAL DAYS	NO	NO	NO	0-255	3
PER DIEM	NO	NO	NO	$$$$$	7
TOTAL PER DIEM	NO	NO	NO	$$$$$	7
INITIAL TRAVEL	NO	NO	NO	$$$$$	7
TICKET CREDIT E	NO	NO	NO	Y/N	1
TICKET CREDIT R	NO	NO	NO	Y/N	1
AMOUNT CREDIT R	NO	NO	NO	$$$$$	7
FIN TRAVEL	NO	NO	NO	$$$$$	7
FIN PERDIE	NO	NO	NO	$$$$$	7
TOTAL	NO	NO	NO	$$$$$	8
MORE	NO	NO	NO	ALPHA	29
DETAILS	NO	NO	NO	ALPHA	29
LAST UPDATE	NO	NO	NO	TODAY	8

APPENDIX 2 - Codebook for the Information System

MAY 27, 1982

STRENGTHENING HEALTH DELIVERY SYSTEMS (SHDS)

CODEBOOK FOR INFORMATION SYSTEM

Previous Page Blank

Note: For any date, any field, in any file, 98 is used to indicate "Unknown" for year, month, or day. Dates are always entered in the form YY-MM-DD except auto-dates (Last Update) and dates on reports (normally current date) which are in form MM-DD-YY.

I. WORKSHOP COURSE REPORT FORM (WKSP1)

ITEM NO.	ITEM DESCRIPTION	CODES
A.	TYPE OF WORKSHOP	OBJECTIVE I
		11 - Senior-level PHC Planning and Management
		12 - Mid-level Health Planning and Management
		13 - 2 or 3-Month Community Health Wkshp.
		14 - Intersectoral Management Workshop - Preparatory
		15 - Intersectoral Management Workshop - Second Phase
		16 - Facilitator Training Workshop
		17 - Country-level Follow-up to Intersectoral Management Workshops
		18 -
		19 -
		OBJECTIVE II
		21 - TOT Course
		22 - Country-level TOT Follow-up
		23 - PHC Management for CESSI Faculty and Graduates
		24 - Nurses Roles in PHC for Nurses in Anglophone Countries
		25 - Nurses Roles in PHC for Nurses in Francophone Countries
		26 - PHC in Development of Nursing Curriculum
		27 - Teaching Methods in Nursing Curriculum
		28 - TCDC Development for TOT Consultants
		29 -

ITEM NO.	ITEM DESCRIPTION	CODES
A. Contd.	TYPE OF WORKSHOP	OBJECTIVE III
		31 - Mid-level EPI Managers' Course
		32 - Senior-level EPI Managers' Course
		33 -
		34 -
		35 -
		36 -
		37 -
		38 -
		39 -
		OBJECTIVE IV
		41 - Regional Applied Research Course
		42 - Sub-regional Applied Research Course
		43 - In-country Applied Research Course
		44 - Applied Research Facilitator Workshop
		45 -
		46 -
		47 -
		48 -
		49 -

ITEM NO.	ITEM DESCRIPTION	CODES
A. Contd.	TYPE OF WORKSHOP	Additional Codes (50-99):
		50 -
		51 -
		52 -
		53 -
		54 -
		55 -
		56 -
		57 -
		58 -
		59 -
		60 -
		61 -
		62 -
		63 -
		64 -
		65 -
		66 -
		67 -

ITEM NO.	ITEM DESCRIPTION	CODES
E1.	INSTITUTION OR SITE	01 - LOME RTC
		02 - LAGOS RTC
		03 - CESSI/YAOUNDE
		04 - CESSI/DAKAR
		05 - OCEAC
		06 - OCCGE
		07 - CUTTINGTON
		08 - TUBMAN
		09 - HOTEL
		Additional Codes
		10 -
		11 -
		12 -
		13 -
		14 -
		15 -
		16 -
		17 -
		18 -
		19 -
		20 -
		21 -
		22 -
		23 -
		24 -
		25 -
		26 -
		27 -

ITEM NO.	ITEM DESCRIPTION	CODES
E2.	CITY	01 - Cotonou
		02 - Yaoundé
		03 - Bangui
		04 - N'djamena
		05 - Brazzaville
		06 - Libreville
		07 - Banjul
		08 - Accra
		09 - Bissau
		10 - Malabo
		11 - Abidjan
		12 - Monrovia
		13 - Bamako
		14 - Nouakchott
		15 - Niamey
		16 - Lagos
		17 - Dakar
		18 - Freetown
		19 - Lomé
		20 - Ouagadougou
		21 - Aldiana
		22 - Oguta
		23 - Bafoussam
		24 - Eseka
		Additional Codes (25-255)
		25 -
		26 -
		27 -

ITEM NO.	ITEM DESCRIPTION	CODES
E3.	COUNTRY	01 - Benin
		02 - Cameroon
		03 - CAR
		04 - Chad
		05 - Congo
		06 - Gabon
		07 - Gambia
		08 - Ghana
		09 - Guinea
		10 - Equatorial Guinea
		11 - Ivory Coast
		12 - Liberia
		13 - Mali
		14 - Mauritania
		15 - Niger
		16 - Nigeria
		17 - Senegal
		18 - Sierra Leone
		19 - Togo
		20 - Upper Volta
		21 - USA
		22 - Canada
		23 - Great Britain
		Additional Codes (24-255)
		24 -
		25 -
		26 -
		27 -

ITEM NO.	ITEM DESCRIPTION	CODES
F.	LANGUAGE FOR WORKSHOP	1 - French
		2 - English
		3 - Both French and English
		Additional Codes (4-9):
		4 -
		5 -
		6 -
		7 -
		8 -
		9 -

IIa. WORKSHOP PARTICIPANT DATA FORM (WPART1)

ITEM NO.	ITEM DESCRIPTION	CODES
OFFICE USE ONLY	NATIONALITY	Country codes used for WKSP1, item E3. Add codes to that list as needed
OFFICE USE ONLY	SHORT NAME	The first letter of the first name and the first two letters of the last name.
OFFICE USE ONLY	SEQ. NO.	A counter to distinguish people with the same short name from the same country.
2.	SEX	M = Male F = Female
10a.	TYPE OF CREDENTIAL	01 - AA 02 - AS 03 - BA 04 - BS 05 - MA 06 - MS 07 - PhD 08 - RN (Registered Nurse) 09 - SRN (Senior Reg. Nurse) 10 - CNM or SCM (Certified Nurse Midwife) 11 - Tutor 12 - PHN (Primary Health Nurse) 13 - CP (Certified Pharmacist) 14 - MD 15 - MPH

ITEM NO.	ITEM DESCRIPTION	CODES
10a. Contd.	TYPE OF CREDENTIAL (Contd.)	16 - DPH
		17 - DDS
		18 - DNS
		19 - EdD
		Additional Codes (20-99):
		20 -
		21 -
		22 -
		23 -
		24 -
		25 -
		26 -
		27 -
		28 -
		29 -
		30 -
		31 -
		32 -
		33 -
		34 -
		35 -
		36 -
		37 -
		38 -
		39 -
		40 -
		41 -
		42 -

ITEM NO.	ITEM DESCRIPTION	CODES
10b.	FIELD	Health Fields
		01 - Public Health
		02 - Pop/Family Planning
		03 - Nursing
		04 - Medical Care
		05 - Maternal and Child Health
		06 - Food and Nutrition
		07 - Epidemiology/Communicable Disease Control
		08 - Environmental Health
		09 - PHC
		10 -
		11 -
		12 -
		13 -
		14 -
		15 -
		16 -
		17 -
		18 -
		19 -
		20 -
		Non-Health Fields
		21 - Political Science/Law
		22 - Social Science (Sociology, Psychology, History, Philosophy)

ITEM NO.	ITEM DESCRIPTION	CODES
10b Contd.	FIELD	23 - Economics
		24 - Business/Accounting
		25 - Anthropology
		26 - Engineering
		27 - Mathematics/Physics
		28 - Natural Sciences (Biology, Botany, Zoology, Geology)
		29 - Architecture
		30 - Computer Science
		31 - Liberal Arts (Language, Art, Music)
		32 - Agriculture, Horticulture
		33 - Veterinary Science
		34 - Education
		Additional Codes (35-99)
		35 -
		36 -
		37 -
		38 -
		39 -
		40 -
		41 -
		42 -
		43 -
		44 -
		45 -
		46 -

ITEM NO.	ITEM DESCRIPTION	CODES
11.	FRENCH: SPEAK READ WRITE ENGLISH: SPEAK READ WRITE PORTUGUESE: SPEAK READ WRITE	0 = None 1 = Fair 2 = Good 3 = Excellent 4 = Native Language
12.	AREAS OF EXPERIENCE	Code Descriptions for 1-255 to be added later. 01 - 02 - 03 - 04 - 05 - 06 - 07 - 08 - 09 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 -

ITEM NO.	ITEM DESCRIPTION	CODES
10d.	INSTITUTION	Codes are for the countries where the institutions are located, not specific institution codes. Codes are the same as codes for WKSP1, Item E3. Add codes to that list as needed.

ITEM NO.	ITEM DESCRIPTION	CODES
13.	COUNTRIES OF WORK	Same codes as for WKSP1, Item E3. Add codes to that list as needed.

IIb. SUPPLEMENT WORKSHOP PARTICIPANT DATA FORM
TO BE COMPLETED BY FACILITATOR(S) (WPART1 - Supplement)

ITEM NO.	ITEM DESCRIPTION	CODES
S3.	"FOR OFFICE USE ONLY" WORKSHOP TYPE	Same codes as for Form WKSP1, Item A. Add codes to that list as needed.
S3.	"FOR OFFICE USE ONLY" YEAR	Last two digits of the year in which the workshop was conducted (item S3).
S3.	"FOR OFFICE USE ONLY" SEQUENCE NO.	A counter to distinguish different occurrences of the same type of workshop during the same year.
S4.	POSSIBLE FACILITATOR	Y - Yes N - No
S5.	WORK ALONE AS FACILITATOR	Y - Yes N - No
S6.	FACILITATOR AREAS	1 - Area of Current Workshop 2 - Health Practice Skills 3 - Education/Training 4 - Planning/Management 5 - Information/Research/ Evaluation 6 - Social Science Skills Additional Codes (7-9): 7 - 8 - 9 -

ITEM NO.	ITEM DESCRIPTION	CODES
S7.	SELECTION ORDER	1 - First Choice
		2 - Second Choice
		3 - Third Choice

III. CONSULTANT DATA FORM (CONSUL1)

ITEM NO.	ITEM DESCRIPTION	CODES
2.	NATIONALITY	Use country codes used for WKSP1, Item E3. Add codes to that list as needed.
10a.	TYPE OF CREDENTIAL	Same codes as for WPART1, Item 10a. Add codes to that list as needed.
10b.	FIELD	Same codes as for WPART1, Item 10b. Add codes to that list as needed.
10d.	INSTITUTION	Codes are for the countries where the institutions are located. Same codes as for WKSP1, Item E3. Add codes to that list as needed.
11.	FRENCH: SPEAK READ WRITE ENGLISH: SPEAK READ WRITE PORTUGUESE: SPEAK READ WRITE	0 = None 1 = Fair 2 = Good 3 = Excellent 4 = Native Language
12.	AREAS OF EXPERIENCE	Same codes as for WPART1, Item 12. Add codes to that list as needed.
13.	COUNTRIES OF MAJOR WORK	Same codes used for WKSP1, Item E3. Add codes to that list as needed.
14.	PREVIOUS SHDS TRAINEE	Y - Yes N - No

ITEM NO.	ITEM DESCRIPTION	CODES
15.	ACTUAL OR POTENTIAL CONSULTANT	1 - Actual 2 - Potential
16.	SHDS OBJECTIVE COVERED BY CONSULTANCY	1 - Objective I 2.1 - Objective II - Lome/Lagos 2.2 Objective II - CESSIs 2.3 - Objective II - Liberia 3 - Objective III 4 - Objective IV 5 - Combination of Objectives
20.	SOURCE OF FUNDING	1 - SHDS/Abidjan 2 - SHDS/BU 3 - BU 4 - SHDS/CDC 5 - CDC 6 - SHDS/AFRO 7 - AFRO 8 - AID/W 9 - REDSO/WA 10 - USAID Additional Codes (11-99): 11 - 12 - 13 - 14 - 15 - 16 - 17 -

ITEM NO.	ITEM DESCRIPTION	CODES
20.	IF USAID FUNDING, COUNTRY	Same codes used for WKSP1, Item E3. Add codes to that list as needed.
21.	TYPE OF CONSULTANCY	1 - Workshop Facilitator 2 - Technical/Developmental
22.	REPORT AVAILABLE	Y - Yes N - No
23.	WORKSHOP IDENTIFICATION - WORKSHOP TYPE	Same codes as WKSP1, Item A. Add codes to that list as needed.
23.	WORKSHOP IDENTIFICATION - YEAR	Last two digits of the year in which the workshop was conducted
23.	WORKSHOP IDENTIFICATION - SEQUENCE NUMBER	A counter to distinguish between different occurrences of the same type of workshop during the same year.
24.	AREA OF POTENTIAL CONSULTANCY	This space can be filled either with a written comment or with a string of two-digit numerical codes, or a combination of two-digit numerical codes followed by a written comment. The numerical codes indicate areas in which the participant would be a good potential consultant. The suggested codes to use are the "Areas of Experience" codes listed in the code book for Form WPART1, Item 12.

IV. OVERSEAS MASTER'S PARTICIPANTS DATA FORM (OMPART1)

ITEM NO.	ITEM DESCRIPTION	CODES
2.	NATIONALITY	Use the country codes used for WKSP1, Item E3. Add codes to that list as needed.
6a.	TYPE OF CREDENTIAL	Same codes as for WPART1, Item 10a. Add codes to that list as needed.
6b.	FIELD	Same codes as for WPART1, Item 10b. Add codes to that list as needed.
6d.	INSTITUTION	Codes represent countries where the institutions are located. Same codes as for WKSP1, Item E3. Add codes to that list as needed.
7.	FRENCH: SPEAK READ WRITE ENGLISH: SPEAK READ WRITE PORTUGUESE: SPEAK READ WRITE	0 = None 1 = Fair 2 = Good 3 = Excellent 4 = Native Language
8.	AREAS OF EXPERIENCE	Same codes as for WPART1, Item 12. Add codes to that list as needed.
9.	COUNTRIES OF MAJOR WORK	Same codes as for WKSP1, Item E3. Add codes to that list as needed.
10.	NAME OF INSTITUTION	01 - Boston University 02 - University of Montreal Additional Codes (3-255): 03 - 04 -

ITEM NO.	ITEM DESCRIPTION	CODES
11a.	SPECIALTY AREA	1 - Community Health Nursing
		2 - Gerontological Nursing
		3 - Medical - Surgical
		4 - MCH
		5 - Psychiatric/Mental Health
		6 - Rehabilitation
		Additional Codes (7-255):
		7 -
		8 -
		9 -
		10 -
		11 -
		12 -
		13 -
		14 -
		15 -
		16 -
		17 -
		18 -
		19 -
		20 -
		21 -
		22 -
		23 -
		24 -
		25 -
		26 -

ITEM NO.	ITEM DESCRIPTION	CODES
11b.	FUNCTIONAL AREA	1 - Nursing Administration
		2 - Nursing Education
		3 - Clinical Specialist
		Additional Codes (4-255):
		4 -
		5 -
		6 -
		7 -
		8 -
		9 -
		10 -
		11 -
		12 -
		13 -
		14 -
		15 -
		16 -
		17 -
		18 -
		19 -
		20 -
		21 -
		22 -
		23 -
		24 -
		25 -
		26 -

V. SEMESTER UPDATE REPORT FORM FOR OVERSEAS MASTER'S PARTICIPANTS (OMPART2)

ITEM NO.	ITEM DESCRIPTION	CODES
4.	STATUS OF STUDIES	1 - Studies Begun 2 - Studies Continued and will continue into next semester 3 - Studies Discontinued 4 - Studies Completed
5.	STATUS OF THESIS/ SCHOLARLY WORK	1 - Writing not yet Begun 2 - Writing in Progress 3 - Completed

VI. POST BASIC NURSING PROGRAM (POSTBN1)

ITEM NO.	ITEM DESCRIPTION	CODES
"FOR OFFICE USE ONLY"	PROGRAM	1 - CESSI/Yaoundé 2 - CESSI/Dakar 3 - Cuttington
"FOR OFFICE USE ONLY"	NATIONALITY	Use country codes used for WKSP1, Item E3. Add codes to that list as needed.
"FOR OFFICE USE ONLY"	SHORT NAME	First letter of first name and first two letters of last name.
"FOR OFFICE USE ONLY"	SEQUENCE NUMBER	A counter to distinguish people with the same short name and nationality in the same program.
5.	SEX	M - Male F - Female
7a.	TYPE OF CREDENTIAL	Same codes as for WPART1, Item 10a. Add codes to that list as needed.
7b.	FIELD	Same codes as for WPART1, Item 10b. Add codes to that list as needed.
7d.	INSTITUTION	Codes are for the countries where the institutions are located. Same codes as for WKSP1, Item E3. Add codes to that list as needed.

ITEM NO.	ITEM DESCRIPTION	CODES
8.	FRENCH: SPEAK READ WRITE ENGLISH: SPEAK READ WRITE PORTUGUESE: SPEAK READ WRITE	0 = None 1 = Fair 2 = Good 3 = Excellent 4 = Native Language
9.	COUNTRIES OF MAJOR PROFESSIONAL WORK EXPERIENCE	Same codes as for WKSP1, Item E3. Add codes to that list as needed.
10.	FUNCTIONAL AREA	Same codes as OMPART1, Item 11b. Add codes to that list as needed.

VII. POST-BASIC NURSING PARTICIPANTS SEMESTER UPDATE FORM (POSTBN2)

ITEM NO.	ITEM DESCRIPTION	CODES
"FOR OFFICE USE ONLY"	PROGRAM NATIONALITY SHORT NAME SEQ. NO.	Same as for "Office Use Only" in POSTBN1.
5.	STATUS OF STUDIES DURING REPORTING SEMESTER	1 - Studies begun. 2 - Studies Continued and will continue into next semester. 3 - Studies Discontinued. 4 - Studies Completed.
	COUNTER	Not used at this time.

VIII. SUMMARY SHEET OF VACCINATION COVERAGE STUDIES (OBJ3-1)

COLUMN NO.	ITEM DESCRIPTION	CODES
1	TYPE OF VACCINE	1 - Measles 2 - Polio 3 - Tetanus 4 - BCG 5 - DPT
2	COUNTRY	Same codes as WKSP1, Item E3. For quick reference 2 - Cameroon 7 - Gambia 11 - Ivory Coast
3	DTZ	Ivory Coast (Original Areas) 11 - Abidjan 12 - Abengourou 13 - Korhogo Ivory Coast (Extension Areas) 21 - 22 - 23 - 24 - 25 - Cameroon (Original Areas) 14 - 15 - 16 - Cameroon (Extension Areas) 31 - 32 - 33 - 34 - 35 - Gambia (Original Areas) 17 - 18 - 19 - Gambia (Extension Areas) 41 - 42 - 43 - 44 - 45 -

IX. SUMMARY SHEET OF MORBIDITY/MORTALITY (OBJ3-2)

COLUMN NO.	ITEM DESCRIPTION	CODES
1	DISEASE	1 - Measles
		2 - Polio
		3 - Neonatal Tetanus
		4 - Adult Tetanus
		5 - Tuberculosis
		6 - Pertusis
2	COUNTRY	Same codes as WKSP1, Item 3. For quick reference:
		2 - Cameroon
		7 - Gambia
		11 - Ivory Coast
4	PLACE	Same codes for DTZ zones as on OBJ3-1, Column 3. Codes for villages, regions, other places, add below:
		(Codes 46 - 255):
		46 -
		47 -
		48 -
		49 -
		50 -
		51 -
		52 -
		53 -
		54 -
		55 -
		56 -
		57 -

COLUMN NO.	ITEM DESCRIPTION	CODES
5	SOURCE OF STUDY DATA	1 - Sentinel facility reporting
		2 - Routine surveillance data
		3 - Special surveillance data
		4 - Special community survey
		ADDITIONAL CODES (5 - 99):
		6 -
		7 -
		8 -
		9 -
		10 -
		11 -
		12 -
		13 -
		14 -
		15 -
9	REFERENCE	1 - Special communication
		2 - Monthly narrative
		3 - 6-month report
		4 - Annual report
		5 - Newsletter publication
		ADDITIONAL CODES (6 - 99):
		6 -
		7 -
		8 -
		9 -
		10 -
		11 -

IX. APPLIED RESEARCH PROJECT PROPOSAL FORM (APPRES1)

ITEM NO.	ITEM DESCRIPTION	CODES
"FOR OFFICE USE ONLY"	COUNTRY (from which Proposal Received)	Same codes as for WKSP1, Item E3. Add codes to that list as needed.
"FOR OFFICE USE ONLY"	SEQ. NO.	A counter to distinguish proposals from same country.
6a.	PROJECT SITE	Assign codes as needed. (May use city codes as for WKSP1, Item E2, if appropriate.)

6d. CODES FOR APPLIED RESEARCH PROJECT RESEARCH METHODOLOGY

BASIC DESIGN AND TECHNIQUE	SAMPLE SELECTION					
	Total pop. without control	Total pop. with control	Systematic without control	Systematic with control	Random without control	Random with control
ıospective Cross-Sectional Survey						
- Qualitative Measurement	111	112	113	114	115	116
- Quantitative Measurement	121	122	123	124	125	126
- Questionnaire	131	132	133	134	135	136
- Laboratory Exam	141	142	143	144	145	146
- Review and Analysis of Existing Data	151	152	153	154	155	156
-ective Case Control						
- Qualitative Measurement	211	212	213	214	215	216
- Quantitative Measurement	221	222	223	224	225	226
- Questionnaire	231	232	233	234	235	236
- Laboratory Exam	241	242	243	244	245	246
- Review and Analysis of Existing Data	251	252	253	254	255	256
-						
-ospective Cohort						
Qualitative Measurement	311	312	313	314	315	316
Quantitative Measurement	321	322	323	324	325	326
Questionnaire	331	332	333	334	335	336
Laboratory Exam	341	342	343	344	345	346
Review and Analysis of Existing Data	351	352	353	354	355	356
-						
ırospective /Prospective (TROHOC)						
- Qualitative Measurement	411	412	413	414	415	416
- Quantitative Measurement	421	422	423	424	425	426
- Questionnaire	431	432	433	434	435	436
- Laboratory Exam	441	442	443	444	445	446
- Review and Analysis of Existing Data	451	452	453	454	455	456
-						

..i. Research Methodology Codes (Contd.)

BASIC DESIGN AND TECHNIQUE	SAMPLE SELECTION					
	Total pop. without control	Total pop. with control	Systematic without control	Systematic with control	Random without control	Random with control
..mple Descriptive						
- Qualitative Measurement	511	512	513	514	515	516
- Quantitative Measurement	521	522	523	524	525	526
- Questionnaire	531	532	533	534	535	536
- Laboratory Exam	541	542	543	544	545	546
- Review and Analysis of Existing Data	551	552	553	554	555	556
	611	612	613	614	615	616
	621	622	623	624	625	626
	631	632	633	634	635	636
	641	642	643	644	645	646
	651	652	653	654	655	656
	711	712	713	714	715	716
	721	722	723	724	725	726
	731	732	733	734	735	736
	741	742	743	744	745	746
	751	752	753	754	755	756

ITEM NO.	ITEM DESCRIPTION	CODES
7.	INPUTS TO PROPOSAL REVIEW	1 - Literature review
		2 - SHDS office staff review critique
		3 - SHDS on-site visit
		4 - Consultant staff on-site visit
		Additional Codes (5-255)
		5 -
		6 -
		7 -
		8 -
		9 -
		10 -
		11 -
		12 -
		13 -
		14 -
		15 -
		16 -
		17 -
		18 -
		19 -
		20 -
		21 -
		22 -
		23 -
		24 -
		25 -
		26 -
		27 -

ITEM NO.	ITEM DESCRIPTION	CODES
8.	PROPOSAL STATUS	1 - In review by SHDS office. 2 - Referred back to author for rewrite before submitting to AID/AFRO. 3 - Sent to AID/AFRO. 4 - Approved by AID, awaiting AFRO approval. 5 - Approved by AFRO, awaiting AID approval. 6 - Rejected by AID, awaiting AFRO decision. 7 - Rejected by AFRO, awaiting AID decision. 8 - Approved by AID, rejected by AFRO. 9 - Approved by AFRO, rejected by AID 10 - Rejected by both AID and AFRO. 11 - Approved by both AID and AFRO.
13.	PERIODICITY OF PROGRESS REPORT	1 - Monthly 2 - Quarterly

X. SUMMARY OF PROGRESS REPORT FOR APPROVED APPLIED RESEARCH (APPRES2)

ITEM NO.	ITEM DESCRIPTION	CODES
OFFICE USE ONLY	COUNTRY	Same as WKSP1, Item E3. Add Codes to that list as needed.
OFFICE USE ONLY	SEQ. NO.	A counter for applied research projects from the same country.
5	PROJECT ON TARGET	Y - Yes N - No
6	SCHEDULE MODIFIED	Y - Yes N - No
8	RELEASE OF RESEARCH FINDINGS	Y - Yes N - No
10	STATUS OF FINAL REPORT	1 - Not begun 2 - 1st draft in progress 3 - 1st draft reviewed 4 - 2nd or higher draft in progress 5 - Completed

XI. TRAVEL RECORD FORM (TRAVEL1)

ITEM NO.	ITEM DESCRIPTION	CODES
"FOR OFFICE USE ONLY"	SHORT NAME	Initials of all three names.
"FOR OFFICE USE ONLY"	YEAR	Year from first date in Item 3.
"FOR OFFICE USE ONLY"	CITY	Same codes as for WKSP1, Item E2. Add codes to that list as needed.
"FOR OFFICE USE ONLY"	SEQ. NO.	A counter to distinguish trips to the same city made by one person in the same year.
4.	OBJECTIVE	1 - Objective I 2.1 - Objective II - Lomé/Lagos 2.2 - Objective II - CESSIs 2.3 - Objective II - Liberia 3 - Objective III 4 - Objective IV 5 - No specific objective

APPENDIX 3 - Example Headings for Computer Output Listings

The following pages show headings of output listings that the computer has been programmed to produce from the following files.

WORKSHOPS
PARTICIPANTS (WKSHPS)
CONSULTANTS
MASTER'S PARTICIPANTS
POST BASIC NURSING
STAFF TRAVEL

WORKSHOPS SCHEDULED OR CONDUCTED DURING THE PERIOD

IMPLEMENTATION PLAN NO. ----TYPE OF WORKSHOP/COURSE--- LANGUAGE	SCHEDULED --DATES- YR MO DA	ACTUAL --DATES- YR MO DA	---LOCATION-- --(OR CITY)-- ---COUNTRY--	-PARTICIPANTS SHDS	NON-SHDS	TOTAL

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PARTICIPANTS IN SHDS WORKSHOPS
DURING PERIOD ABOVE

NATIONALITY	NAME OF PARTICIPANT	POSITION	SEX	BIRTHDATE
	TYPE OF WORKSHOP/YEAR			

CONSULTANTS UTILIZED FOR SHDS IN 1982

NAME	COUNTRY	ORGANIZATION			
SHDS OBJECTIVE	TYPE OF CONSULTANCY	SOURCE OF FUNDING	START DATE	END * DATE	REPORT AVAILABLE (TECH/DEV ONLY)

PARTICIPANTS IN OVERSEAS MASTER'S PROGRAMS DURING CURRENT YEAR
AS OF DATE ABOVE

NAME (LAST, FIRST)	NATIONALITY	SEX	DATE OF BIRTH	SPECIALITY FUNCTIONAL AREA	INSTITUTION ATTENDED	LAST RPTD STATUS STUDY	DATES (BEGIN, END)

PARTICIPANTS IN SHDS FELLOWSHIP POST-BASIC NURSING PROGRAMS
AT CUTTINGTON COLLEGE, LIBERIA, DURING THE CURRENT YEAR
AS OF DATE ABOVE

NATIONALITY	NAME OF PARTICIPANT	SEX	DATE OF BIRTH	FUNCTIONAL AREA OF TRAINING	LAST RPTD STATUS STUDY	DATES (BEGIN, END)

TRAVEL BY SHDS STAFF
DURING 6-MONTH PERIOD ABOVE

NAME	OBJECTIVE / SUB-OBJECTIVE	DATES (BEGIN, END)	DESTINATION	DESCRIPTION OF PURPOSE