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**An Assessment of the Technical  
Assistance Needs of PVC-funded  
Child Survival Projects  
and Their PVO HQ Offices**



**Child Survival Technical Support**

**August 1999**

# An Assessment of the Technical Assistance Needs of PVC-funded Child Survival Projects and Their PVO HQ Offices

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# **Technical Assistance Needs Assessment**

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## **Executive Summary**

*An Assessment of the Technical Assistance Needs of PVC-funded Child Survival Projects and Their PVO HQ Offices  
August 1999*

### **Introduction**

The Child Survival Technical Support (CSTS) Project conducted an assessment of PVO needs for technical assistance during the period January–May 1999. The assessment had two primary purposes: 1) to identify common PVO needs in order to prepare plans for overall CSTS technical assistance to participants in the Child Survival grant program; and 2) to identify immediate needs and explore mechanisms for ensuring that these needs were met.

There were also two secondary purposes to the assessment process: 1) to introduce PVC-funded Child Survival Projects and their PVO HQ Offices to the CSTS Project; and 2) to begin the process of relationship building with PVO and Project staff. To accomplish these secondary purposes, CSTS attached an overview of the project and the types of services it offers to guide respondents' thinking about their needs. The needs assessment survey instrument was purposely designed in an open-ended manner to facilitate opportunities for relationship building through ongoing followup discussions with PVO and Project Staff. Interactive sessions were incorporated into CSTS' Collaboration Retreat and CORE's Annual meeting to generate dialogue about the needs of PVOs and their Child Survival Projects.

CSTS team members reviewed findings from earlier needs assessments and PVO Child Survival project documents; circulated a needs assessment questionnaire to PVO headquarters offices and project offices; talked to PVO headquarters staff (on the phone and in person) about their responses to the questionnaires; held meetings with PVO field staff (in the United States and during visits to Child Survival projects); organized a retreat to discuss PVO needs and CSTS workplans; and participated in the 1999 annual PVO meeting.

This report summarizes the key findings from the overall assessment of needs and offers recommendations for CSTS' overall technical assistance strategy.

### **Key Findings**

Based on a thorough analysis of the data collected for the CSTS Needs Assessment Survey, this section highlights key findings regarding the needs expressed by forty active PVC-funded child survival projects. Findings are summarized below in terms of a number of different project attributes; specific topic areas in which needs were expressed; and regional differences in expressed needs. These findings are followed by general observations that highlight input gathered from other sources to complement the Needs Assessment Survey.

### A. Project Attributes

CSTS incorporated PVO and project profile information into the analysis of expressed needs, so that findings might be examined in terms of project attributes such as region, funding year, and relative experience of a project's PVO HQ Office. We found that a higher proportion of projects with the following attributes expressed needs:

- **Projects that started in 1997 or 1998**
  - More projects starting in 1997 expressed needs in the areas of HMIS development, IMCI and related interventions, and documenting experiences in child survival than any other specific need categories.
  - More projects starting in 1998 expressed needs in the areas of personnel management, partnership development, and IMCI and related interventions than any other specific need category.
- **New Projects (those that were not preceded by a CS project in the same location)**
  - The top three specific areas of need expressed by new projects were IMCI and related interventions, documenting experiences in child survival programming, and HMIS development.
- **Projects in Asia and the Near East and Francophone Africa**
  - A complete summary of regional needs is outlined in Section C of this report.
- **Projects whose PVO HQ Offices have not completed a PVC-funded Child Survival project.**
  - More projects in this category expressed needs in the areas of IMCI and related interventions, reproductive health, HMIS development, personnel management, and making connections with other resources and organizations.
- **Projects whose PVO HQ Offices have only one active Child Survival Project**
  - More projects in this category expressed needs in the areas of HMIS Development and Reproductive Health.

### B. Specific Areas of Need

Needs expressed by respondents were grouped into seven general categories of need: monitoring and evaluation, child survival interventions, health and management information systems, organizational development, information dissemination, making connections/networking, and DIP development. Within each of these general categories, between two and seven subcategories were established to capture all responses for the purposes of analysis. The subcategories in which the highest number of Child Survival

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Projects expressed needs are outlined below, with the number of projects expressing a need listed in parentheses.

- IMCI and related interventions (21)
- Documenting and sharing experiences in child survival programming with other organizations (18)
- HMIS development (14)
- General evaluation techniques [e.g., support for mid-term and final evaluations, operations research, needs assessments/baselines] (13)
- Personnel management [e.g., human resource development, leadership, conflict management skills] (13)
- Surveys (12)
- Reproductive health (12)
- Partnership development (11)
- Administrative management (11)
- Monitoring (11)
- Sustainability (10)

### C. Expressed Needs by Region

CSTS utilized the following regional designations to analyze projects' expressed needs: Anglophone Africa, Francophone Africa, Lusophone Africa<sup>1</sup>, Asia and the Near East, and Latin America and the Caribbean. Findings based on a regional analysis of expressed needs are summarized below:

- IMCI and related interventions was the only specific need category to be ranked among the top three expressed needs in every region of the world.
- Expressed needs for documenting and sharing experiences in child survival programming were ranked among the top three in two regions: Asia and the Near East and Latin America and Caribbean.
- In Asia and the Near East, the general area in which the highest proportion of needs were expressed was Monitoring and Evaluation, particularly in the area of survey design.
- In Anglophone Africa, the general area in which the highest proportion of needs were expressed was Child Survival Interventions, particularly in the area of IMCI and related interventions.
- In Latin America and the Caribbean, the general areas in which the highest proportion of needs were expressed were Health and Management Information Systems

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<sup>1</sup> Only one project in Lusophone Africa responded to the Needs Assessment Survey. Expressed needs from that project are incorporated into other analyses included in this report, because one project does not constitute a large enough representation to report on regional needs in Lusophone Africa.

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(particularly in HMIS development) and Child Survival Interventions (particularly IMCI and Reproductive health).

- In Francophone Africa, the general areas in which the highest proportion of needs were expressed were Child Survival Interventions (particularly IMCI) and Organizational Development (particularly in personnel management, partnership development, and financial management).

### **D. Other Observations**

A number of other observations emerged from input we received from CORE and its working groups, as well as PVO Health Unit personnel throughout the needs assessment process. CSTS gathered additional input on PVO needs through formal mechanisms such as its February 1999 Collaboration Retreat and CORE's April 1999 Membership Meeting, as well as through followup telephone discussions with PVOs who had responded to the needs assessment survey. Three general observations emerged from these interactions, which will be useful in guiding CSTS' overall technical assistance strategy.

- PVOs access numerous mechanisms for meeting their technical assistance needs—The CSTS needs assessment survey was purposely broad to encourage PVO HQ and Field Offices to identify all needs for technical assistance that they anticipated in the coming year. When CSTS staff contacted PVO representatives to discuss expressed needs in greater detail, we learned that many PVOs, especially the larger ones, had already established internal mechanisms for meeting their own technical assistance needs. These mechanisms ranged from accessing internal technical experts, to facilitating cross-project visits, to accessing resources from the CORE Group, to tapping into known consultants specializing in specific areas.
- Collaboration with CORE and its working groups offers strong opportunities for CSTS to build the capacity of PVO Health Units and to disseminate key information to the field. CORE's members constitute one of CSTS' primary target groups—the PVO HQ child survival backstop staff—and have provided input and feedback on the nature of PVO and project level needs throughout the assessment process. Needs previously identified by CORE's Monitoring and Evaluation Workgroup and Quality Improvement Work Group provided CSTS an immediate opportunity to support technical assistance opportunities that these groups had already begun to plan.
- From the PVO perspective, critical issues in child survival focus on the themes of capacity building, documenting successes, participatory development/participatory evaluation, and the nature of the present child survival interventions.

### ***Recommendations for CSTS' Technical Assistance Strategy***

The information presented in this report provides a snapshot of the technical areas in which PVC-funded Child Survival Projects expressed needs for assistance, the attributes of projects that

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need different types of assistance, and the regions in which there are greater needs for assistance. It also provides insights on how the CSTS project best fits into a complex technical assistance system that consists of PVOs with internal expertise in specific areas, other technical assistance programs that support CSTS' target PVO audience (e.g., Linkages, BASICS, GEM), and the CORE Group.

Below, we offer the following recommendations for the formation of a technical assistance strategy that will enable CSTS to address the needs of Child Survival Projects and their PVO HQ Offices in the most efficient and practical manner.

**1. Build Connections with other organizations that offer assistance to Child Survival PVOs and their projects**

It is clear from the needs assessment that while many PVOs already tap into a wealth of internal resources and assistance from other Cooperating Agencies, some of the smaller PVOs do not have the same degree of infrastructure or connections. By establishing connections with other organizations that offer resources to Child Survival PVOs, CSTS will strengthen its ability to respond to technical assistance requests in the most efficient and timely manner. These connections will also position CSTS to build the capacities of smaller PVOs who are newer to Child Survival by facilitating connections between those PVOs and relevant Cooperating Agencies or resource organizations.

**2. Focus technical and capacity building resources on child survival projects that have been more recently funded, who are affiliated with PVOs that presently have a small number of active projects (1 or 2), or who are affiliated with a PVO that is new in the Child Survival Grants Program. Support larger, more experienced PVOs in documenting their successes, and undertaking operations research that will advance the field.**

This recommendation is supported by the general trends which emerged from the analysis of expressed needs by different project attributes. From a strategic perspective, it also makes sense for CSTS to focus more on planning to assist the newly funded CS Projects because it will allow CSTS to provide input to those projects from the initial stages of DIP development, through mid-term evaluations, and into final evaluations.

This is not to say that CSTS will not respond to requests for specific information or resources from larger, more experienced PVOs. CSTS should be committed to providing state of the art technical information, facilitating connections to other resources, and providing general consulting to all PVC-funded Child Survival PVOs. However, in identifying topics for regional training events, determining the appropriate financial or in-kind commitment to make to a collaborative effort, or developing new processes or tools, CSTS should prioritize its decisions based on the expressed needs of projects affiliated with newer, less experienced PVOs.

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- 3. Use regional areas of need to guide decisions on appropriate topics and locations for international workshops/conferences.**

The expressed needs that emerged in general from this report suggest a wide range of topic areas which might be the basis for either regional or U.S.-based workshops. Like most other Cooperating Agencies, CSTS has a finite pool of resources available to sponsor workshops. CSTS should use the regional areas of need identified in this report to prioritize the topics and locations of regional workshops that it organizes and sponsors. CSTS should seek to take a supportive role in workshops held on other topics in other regions, exploring opportunities for cost-sharing with other organizations, taking a secondary role in workshop planning and curriculum development, etc.

- 4. Develop a set of guiding principles and procedures that will clarify for PVOs the purpose of the CSTS project, the process for requesting technical assistance, and CSTS' overall approach to technical assistance.**

The findings in this report suggest a high degree of complexity in the process of providing technical assistance that is efficient, responsive, and practical to a wide array of requesting organizations. The experience of CSTS staff at the CORE Annual meeting suggest that one of the Project's key target groups—PVOs that are new to the Child Survival Grants Program—are still unsure of the difference between CORE and CSTS. It is recommended here that CSTS develop a set of guiding principles and distribute it to PVOs to create a mutual understanding of how the CSTS project fits into the complex Web of technical assistance mechanisms that PVOs have access to. These guiding principles should then drive CSTS' approach to responding to technical assistance requests.

During the Needs Assessment process itself, as CSTS staff responded to immediate needs expressed by the Child Survival PVO community, it operated under the "Key Operating Principles" outlined in its original proposal to BHR/PVC. These principles might be revisited and adapted to fit the CSTS technical assistance strategy.

- 5. Incorporate an ongoing assessment of needs into all CSTS activities, so that a formal assessment is not necessary each year.**

A secondary purpose to conducting this comprehensive assessment of needs was to introduce CSTS to the PVO community, and to begin the process of relationship building between CSTS staff, PVOs, and their Child Survival Projects. The needs assessment survey instrument was purposely designed in an open-ended manner to facilitate opportunities for relationship building through ongoing followup discussions with PVO and Project Staff. The result has been strong lines of communication established at the PVO HQ Office level with all Child Survival Backstop staff, and with Project-level representatives for those projects visited by CSTS staff in Nicaragua, Mali, Cambodia, the Philippines, and Vietnam.

As a result, CSTS is now strategically positioned to tap into the needs of child survival PVOs on an ongoing, continual basis. As PVOs have come to understand the role of CSTS and the resources it provides, they have become more willing to respond to e-mail questionnaires on other topics, commit time to telephone interviews, and generally offer their input on technical

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assistance strategies. It is recommended that CSTS capitalize on its strong relationships with the PVO community by keeping that community engaged in an ongoing, informal identification of emerging needs for technical assistance. To this end, it may be more appropriate to conduct another detailed needs assessment in two or three years' time.

**6. Develop a strategy to assess the needs of newly funded projects each year.**

This is a slight caveat to recommendation number five above. It is important to recognize that new projects will be funded each year, and that they may have different sets of needs than those expressed by the projects that responded to the CSTS Needs Assessment Survey.

It is recommended that CSTS explore ways to encourage new projects to include a more detailed assessment of their needs in their DIPS, and that CSTS offer some guidance on how to identify those during the RFA conference in September 1999.

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## I. Introduction

The Child Survival Technical Support (CSTS) Project carried out an assessment of PVO needs for technical assistance during the period January–May 1999. The assessment had two purposes: 1) to identify common PVO needs in order plan for overall CSTS technical assistance to participants in the Child Survival grant program; and 2) to identify immediate needs and explore mechanisms for ensuring that these needs were met.

This report describes the methodology used to carry out the assessment (section II), the findings of the CSTS needs assessment survey and earlier assessments (sections III–V), and recommendations for CSTS (section VI).

## II. Methodology

CSTS team members reviewed findings from earlier needs assessments and PVO Child Survival project documents, circulated a needs assessment questionnaire to PVO headquarters offices and project offices, talked to PVO headquarters staff (on the phone and in person) about their responses to the questionnaires, held meetings with PVO field staff (in the United States and during visits to Child Survival projects), organized a retreat to discuss PVO needs and CSTS workplans, and participated in the 1999 annual PVO meeting.

### A. CSTS Needs Assessment Survey

CSTS sent out two questionnaires to PVOs in December 1998. The first was a semi-structured questionnaire for headquarters staff to complete. It included questions on the need for technical assistance in the following areas: child survival interventions, monitoring and evaluation, organizational development, management and health information systems, information dissemination, detailed implementation plan development, and networking with other organizations. In addition, PVOs were asked to suggest topics for technical reports to be prepared with the Johns Hopkins University through its subcontract with CSTS and to identify the number of staff members who would potentially participate in regional and U.S.-based workshops on knowledge, practice, and coverage surveys (KPC).

Most of the questions were open-ended—PVOs were not asked to choose from pre-defined categories but to express their needs in their own words. A cover letter that accompanied the questionnaires summarized the technical assistance resources available at CSTS. For each need they identified, PVOs were asked to indicate a time frame within which they sought a response. This enabled CSTS to respond to urgent needs even as staff analyzed the findings of the survey to identify common needs.

The second questionnaire, very similar in design to the first, was intended for Child Survival project staff to complete. PVO headquarters offices were requested to forward this questionnaire to their field offices.

The questionnaires are included in Appendix A of this report. Appendix B contains keys to data tables presented for Child Survival Projects that responded to the CSTS Needs

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Assessment Survey. These keys enable the reader to see which specific projects responded, and how those projects were grouped for the purpose of analysis.

### ***B. Discussions with PVO Staff***

CSTS team members asked PVO staff about their needs during meetings, on the phone, and during visits to project sites. The findings of these discussions are included in the analysis of the responses to the needs assessment questionnaires.

### ***C. Review of Findings from Earlier Needs Assessments***

In 1998, CORE Working Groups carried out needs assessments with CORE members. Both the groups developed annual work plans on the basis of the assessments. Summaries of the findings of these assessments are included in Section III.C.

### ***D. CSTS Retreat***

CSTS organized a 2-½ day retreat in Annapolis, MD in February 1999. Six representatives of the CORE group joined CSTS and PVC staff on the first day of the retreat to explore areas for collaboration. Retreat outcomes of relevance to this report are summarized in section III.B.

### ***E. Annual PVO Meeting***

A panel discussion was held at the annual PVO meeting in Phoenix in April 1999 to identify current issues facing Child Survival PVOs. Representatives from PVOs newer to the CSGP also presented their issues to the CORE membership. These issues are summarized in section III.B.

### ***F. Review of PVO Child Survival Project Documents***

PVOs submit proposals for funding to USAID/BHR/PVC/CSD in response to a request for applications. After projects receive funding PVOs submit several reports to USAID/BHR/PVC/CSD during the life of each Child Survival project (detailed implementation plans, annual reports, mid-term evaluations, and final evaluations). CSTS team members reviewed annual reports for the projects that started in 1997 and proposals for projects funded in 1998 to gain an understanding of PVO needs.

## **III. FINDINGS OF THE CSTS NEEDS ASSESSMENT SURVEY**

### **A. Introduction**

The information reported in this section reflects an analysis of needs expressed at both the PVO HQ and Child Survival Project levels. Twenty-five of the twenty-seven organizations with active Child Survival Grants expressed some sort of need, while 40 of the 72 active

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Child Survival projects expressed needs. CSTS incorporated PVO and project profile information into its analysis of the needs expressed to provide further context for the analysis.

Analysis at the level of PVO HQ Office was useful in identifying general areas of need. However, analysis of data at the CS Project level provided much more useful data to CSTS for the purposes of guiding its technical assistance activities. At this level, we were able to more precisely pinpoint areas of need by analyzing expressed needs in relation to such categories as region, grant type, and year funded.

Expressed needs at the level of the PVO HQ are presented here in the context of the following categories:

- Expressed needs by technical area
- Expressed needs by PVO Health Unit Location
- KPC Training Needs

Table III-1 describes response rates from PVO HQ Offices.

Expressed needs at the level of a Child Survival Project are presented here in the context of the following categories:

- Expressed needs as a function of the number of active PVC-funded CS projects *presently managed* by a project's PVO HQ office.
- Expressed needs of as a function of the number of PVC-funded CS projects *completed* by a project's PVO HQ office.
- Expressed needs by Region
- Expressed needs by cohort (i.e., year funded)
- Expressed needs by grant type (i.e., new or follow-on)

Table III-2 describes response rates from active child survival projects.

An analysis of the response rates reveals that a higher proportion of needs were expressed by Child Survival Projects with the following characteristics:

- Located in Asia, the Near East, and Francophone Africa;
- Started in 1998
- New Projects (not preceded by a CS project in the same location)
- Are the only active Child Survival Project presently being implemented by their PVO HQ Office
- Are implemented by a PVO HQ Office that has not yet completed a Child Survival Project

For the purposes of analysis, responses were grouped into the general categories of need identified in the CSTS Needs Assessment Questionnaire. A content analysis of responses to the questionnaire was conducted to identify subcategories that best described the needs

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identified. Box III-1, at the end of this section, describes the specific categories to which PVO needs were attributed.

**Table III-1. PVO Response Rates by Category of Analysis**

Category of Analysis	Total Number	Response Rate
PVOs	27	93% (25)
PVO U.S. Offices by Office Location		
PVO U.S. Office located on or near the East Coast	19	63% (12)
PVO U.S. Office located elsewhere	8	75% (6)

**Table III-2. Child Survival Project Response Rates by Category of Analysis**

CS projects	72	56% (40)
CS Projects whose PVO HQ Offices have:		
One active CS project	13	77% (10)
Two to four active CS projects	6	43% (14)
Five or more active CS projects	8	50% (16)
PVOs by Child Survival Project Experience—CS Projects whose PVO HQ Offices have completed:		
No CS projects	12	75% (9)
One to nine CS projects	19	47% (9)
Ten or more CS projects	41	54% (22)
Child Survival Projects by Region		
CS projects in Asia and the Near East	19	74% (14)
CS projects in Anglophone Africa	16	62% (10)
CS projects in Francophone Africa	10	70% (7)
CS projects in Lusophone Africa	5	20% (1)
CS projects in Latin America and the Caribbean	22	36% (8)
Child Survival Projects by Project Start Year		
CS projects that started in 1994	1	0% (0)
CS projects that started in 1995	19	47% (9)
CS projects that started in 1996	15	33% (5)
CS projects that started in 1997	18	67% (12)
CS projects that started in 1998	19	74% (14)
Child Survival Projects by Project Type		
New CS projects	53	62% (33)
Follow-on CS projects	19	37% (7)

### **Box III-1. Need Categories**

#### ***Monitoring and Evaluation***

- General support for evaluation  
*Mid-term and end-of-project evaluations, report preparation, assessment of needs, operations research, cost-effectiveness analysis, sustainability assessments, and identification of consultants for evaluations.*
- Surveys  
*Knowledge, practice, and coverage surveys, and anthropometric surveys.*
- Data processing and use  
*Analysis of primary and secondary data and data utilization.*
- Monitoring  
Community-based monitoring, use of lot quality assurance sampling, and general assistance in monitoring.
- Qualitative and participatory evaluation
- Evaluation of specific interventions  
*Immunization, control of malaria using insecticide-impregnated bednets, nutritional rehabilitation, vitamin A supplementation, and HIV/AIDS prevention.*
- Health facility assessments

#### ***Child Survival Interventions***

- Integrated management of childhood illness (IMCI) and related interventions  
Pneumonia case management, diarrhea case management, and malaria control.
- Reproductive health  
Maternal care, family planning, and prevention of HIV/AIDS and other sexually transmitted infections.
- Immunization
- Nutritional promotion (including micronutrient supplementation)
- Other  
Interventions against worm infestation, training of health workers in CS interventions, involving private practitioners in CS activities, and school health.

#### ***Health and Management Information Systems (HMIS)***

- HMIS development
- General HMIS support
- Learning about the Web-based HMIS developed by CSTS

### ***Organizational Development***

- Partnership development  
*Development of partnerships with local community groups, non-governmental organizations, ministries of health, and other supporters (such as donors and private enterprise).*
- Personnel management  
*Conflict management, development of negotiation skills, leadership development, team building, and human resource development.*
- Administrative management  
Logistic support, strategic planning, and quality assurance.
- Sustainability
- Financial management
- Institutional assessment

### ***Information Dissemination***

- Documenting and sharing experiences in Child Survival programming with other organizations
- Using technology to disseminate information

### ***Making Connections***

- Developing contacts with organizations in order to obtain specific resources and advice
- General networking.

### ***Development of Detailed Implementation Plans (DIPs)***

- Current projects  
*Assistance in developing DIPs for ongoing CS projects*
- Future projects  
*Assistance in developing DIPs for future CS projects (if approved for funding)*

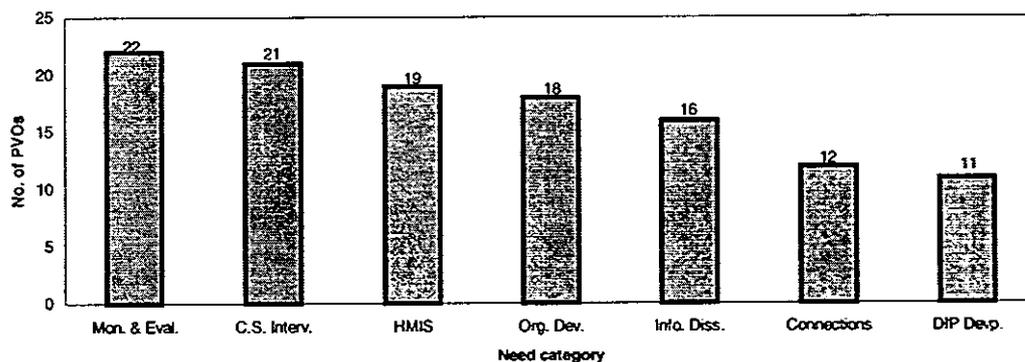
### B. Expressed Needs—PVO HQ Offices

CSTS conducted a general analysis of needs expressed by PVO HQ Offices. Analysis at this level was allowed us to determine the general distribution of needs by technical area; prioritize specific needs within general technical areas; and determine differences in expressed needs based on the region of the country in which a PVO HQ Office is located. PVO HQ Offices also provided useful feedback on projected needs for KPC training in the next year.

#### 1. Expressed Needs by Category

Figure III-1 shows the number of PVOs that expressed a need for assistance by need category. Monitoring and evaluation, child survival interventions, health and management information systems, and organizational development were high-need categories. PVOs also expressed a need for assistance with information dissemination, making connections with other organizations, and developing detailed implementation plans.

**Figure III-1. Expressed Needs by Category (n= 25)**



It is interesting to note that when the general areas of expressed needs are further analyzed, the specific needs break down slightly differently. Listed below are all specific areas of need that were identified by ten or more PVOs.

- IMCI and Related Interventions (18)
- HMIS Development (15)
- Documenting and Sharing Experiences in Child Survival Programming (15)
- Partnership Development (14)
- Reproductive Health (13)
- Surveys (13)
- Administrative Management (10)
- Data Processing and Use (10)
- General Evaluation (10)

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- Monitoring (10)
- Personnel Management (10)

Figures III.1–III.5 on the pages that follow present these areas within the context of their corresponding general technical areas. In addition to the information presented graphically in these figures, our analysis revealed that fifteen PVOs expressed a need for assistance in documenting and sharing experiences in Child Survival programming with other organizations; seven mentioned a need for assistance in using technology to disseminate information. Eight PVOs mentioned general networking assistance as a need; seven expressed a need for help in developing contacts with other organizations in order to obtain specific resources and advice. Seven PVOs listed assistance with development of DIPs for current projects as a need; five may need help with preparing DIPs for future projects, if these projects are approved for funding.

Figure III-3, which presents the specific needs expressed related to Child Survival interventions, is interesting in the sense that IMCI and related interventions and reproductive health interventions were the major need areas. Fewer PVOs expressed the need for assistance in immunization and nutritional promotion; the two interventions that were termed the “twin engines of Child Survival” in the early years of CS programming. This may be due to the fact that many PVOs have built their capacity in these interventions over the years and do not require assistance from other organizations in implementing them.

Figure III-2. Expressed Needs in Monitoring and Evaluation (n= 25)

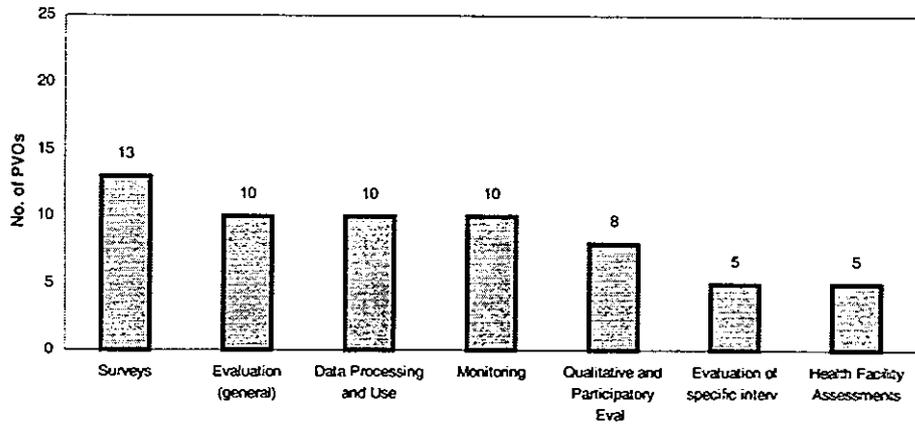


Figure III-3. Expressed Need in Child Survival Interventions (n= 25)

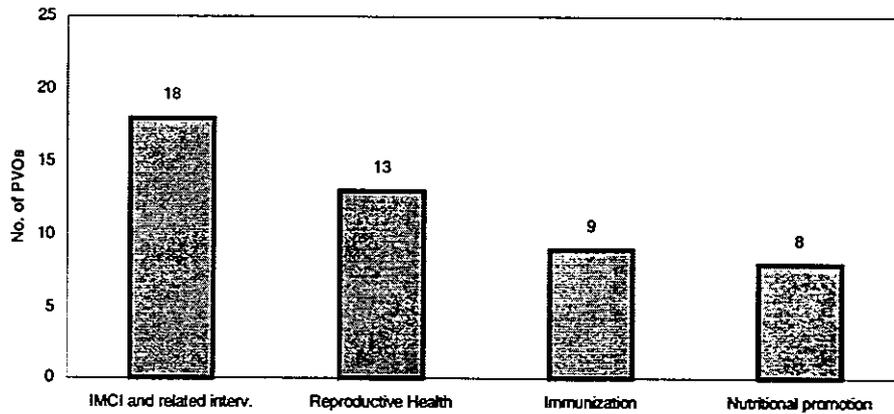


Figure III-4. Expressed Need in Health and Management Information Systems (n= 25)

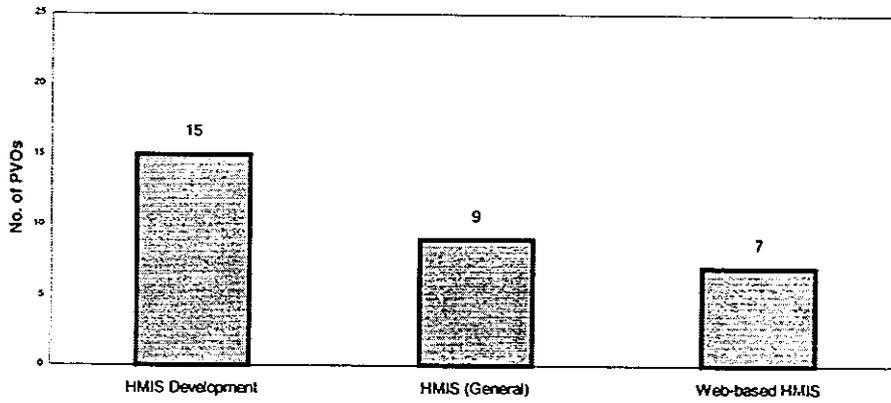
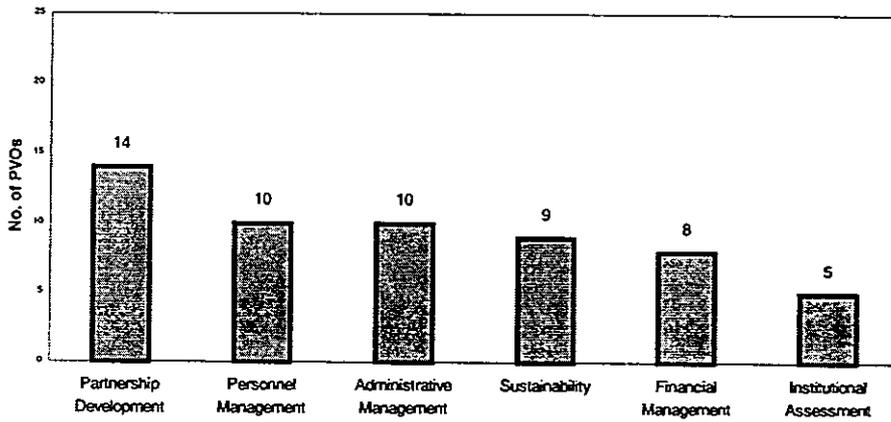


Figure III-5. Expressed a Need for Assistance Organizational Development (n= 25)



### 2. Needs of PVO U.S. Offices by Location

We conducted an analysis to determine whether there was any difference in the nature of the expressed needs based on the location of a PVO HQ Office whether it was located on or near the East Coast, or outside the East Coast.

As shown in Table III-1, a lower proportion of PVO U.S. offices located on or near the East Coast expressed a need for assistance as compared to offices located elsewhere. In general, the East Coast PVOs tend to be larger (in terms of the number of Child Survival projects), more experienced, and more likely to have access to in-house technical expertise; this may explain the smaller need for assistance among these PVOs.

Table III-3 presents the distribution of needs expressed by PVO U.S. offices by office location. Lower proportions of the offices located on the East Coast expressed a need for assistance in partnership development and in making connections with other organizations. Because of their proximity to other international health organizations, the East Coast PVOs are probably in a better position to participate in public health networks and have a smaller need for assistance in this category.

## Technical Assistance Needs Assessment

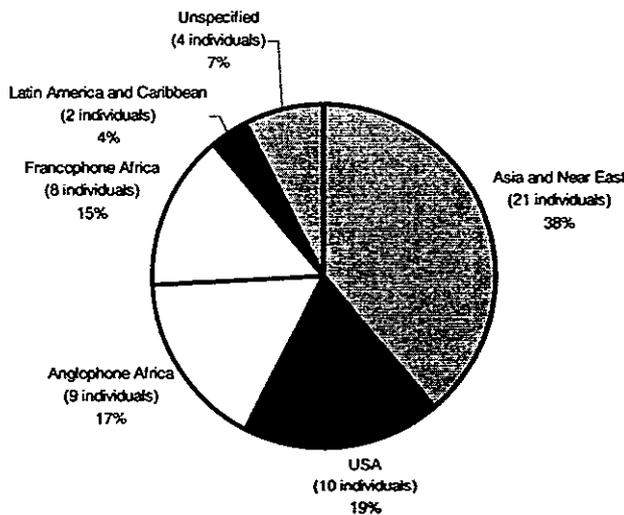
Table III-3. Distribution of Needs Expressed by PVO U.S. Offices, by Office Location

Need	Need expressed by PVO U.S. Offices Located	
	On or Near East Coast (n = 12)	Elsewhere (n = 6)
Monitoring and evaluation	75% (9)	50% (3)
Surveys	33% (4)	0% (0)
Evaluation (general)	25% (3)	17% (1)
Data processing and use	17% (2)	17% (1)
Monitoring	25% (3)	17% (1)
Qualitative and participatory evaluation	17% (2)	17% (1)
Evaluation of specific interventions	17% (2)	0% (0)
Health facility assessments	0% (0)	0% (0)
Child Survival interventions	92% (11)	67% (4)
IMCI and related interventions	50% (6)	50% (3)
Reproductive health	50% (6)	0% (0)
Immunization	17% (2)	17% (1)
Nutritional promotion	25% (3)	17% (1)
Health and management information systems	58% (7)	50% (3)
HMIS development	17% (2)	17% (1)
HMIS (general)	42% (5)	33% (2)
Web-based HMIS	8% (1)	0% (0)
Organizational development	67% (8)	67% (4)
Partnership development	25% (3)	50% (3)
Personnel management	33% (4)	0% (0)
Administrative management	25% (3)	33% (2)
Sustainability	17% (2)	17% (1)
Financial management	17% (2)	17% (1)
Institutional assessment	8% (1)	0% (0)
Information dissemination	50% (6)	33% (2)
Sharing Child Survival information	42% (5)	17% (1)
Information dissemination technology	8% (1)	17% (1)
Making connections	17% (2)	33% (2)
General networking	0% (0)	0% (0)
Making connections for assistance	17% (2)	33% (2)
DIP development	25% (3)	0% (0)
Current projects	0% (0)	0% (0)
Future projects	25% (3)	0% (0)

3. Expressed Needs for KPC Training

PVO United States offices were asked to estimate the number of individuals who might participate in training workshops on rapid knowledge, practice, and coverage survey methodology in 1999. This question was asked for five potential workshop locations (United States of America, Anglophone Africa, Francophone Africa, Asia and Near East, and Latin America and Caribbean). PVOs expressed a need to have 54 individuals trained in the methodology. Figure III-6 shows the distribution of PVO interest in the training by location of potential training workshop. A PVO health advisor located in the Asia and Near East region is interested in having a large number of staff participate in the training. This explains the high interest in a workshop in this region.

Figure III-6. PVO Interest in KPC Survey Training, by Location of Training Workshop



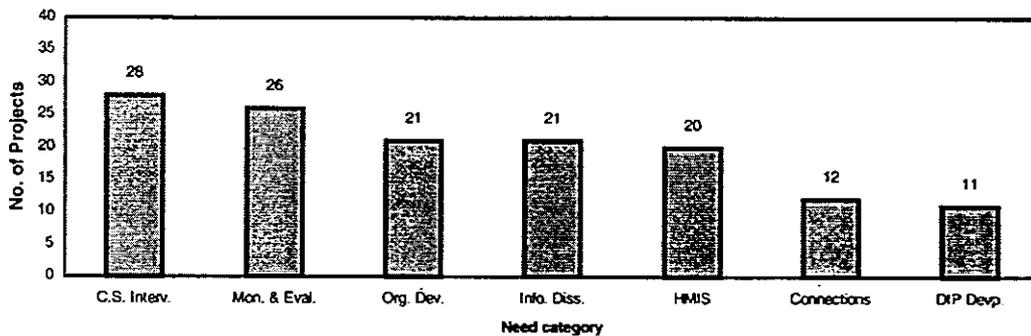
### C. Expressed Needs—Child Survival Projects

CSTS conducted an analysis of expressed needs at the level of presently funded Child Survival Projects (n=72). Analysis at this level allowed us to present expressed needs by technical area, but also to examine trends based on the relative experience of a project's PVO HQ Office; regional distribution; year in which a project was funded; and grant type (new vs. follow-on).

#### 1. Expressed Needs by Category

Figure III-7 shows the number of CS Projects that expressed a need for assistance by need category. Each of CSTS primary technical areas were identified as high need categories, in the following order: Child Survival Interventions, Monitoring and Evaluation, Organizational Development, Information Dissemination, Health and Management Information Systems.

**Figure III-7. Number of CS Projects That Expressed a Need for Assistance, by Need Category (n=40)**



It is interesting to note that when the general areas of expressed needs are further analyzed, the specific needs break down slightly differently. Listed below are all specific areas of need that were identified by ten or more Child Survival Projects.

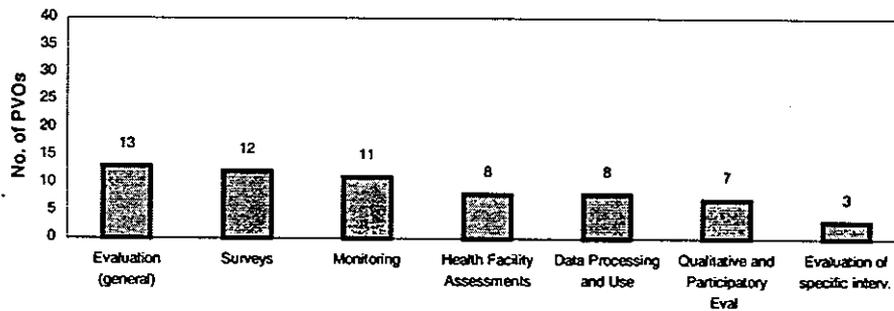
- IMCI and Related Interventions (21)
- Documenting and sharing experiences in Child Survival Programming with other organizations (18)
- HMIS Development (14)
- General Evaluation Techniques (e.g., support for mid-term and final evals, operations research, needs assessments/baselines)(13)
- Personnel Management (e.g., human resource development, leadership, conflict management skills)(13)
- Surveys (12)

## Technical Assistance Needs Assessment

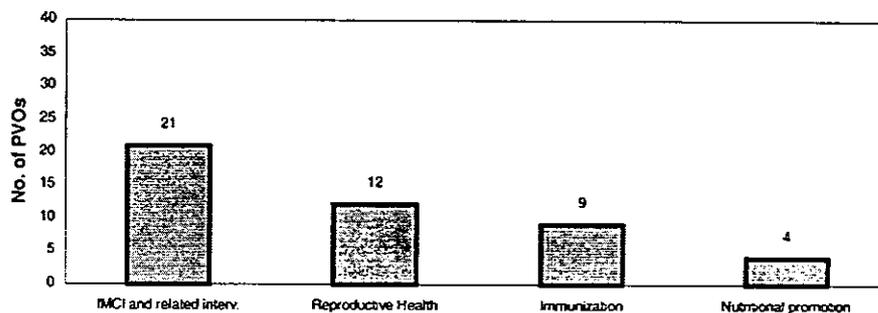
- Reproductive Health (12)
- Partnership Development (11)
- Administrative Management (11)
- Monitoring (11)
- Sustainability (10)

Figures III.8—III.11 on the pages that follow present these areas within the context of their corresponding general technical areas. In addition to the information presented graphically in these figures, our analysis revealed that eighteen projects expressed needs in documenting and sharing child survival experiences; twelve projects expressed needs in networking and making connections with other organizations for assistance; and seven expressed needs for assistance with DIP development for new projects.

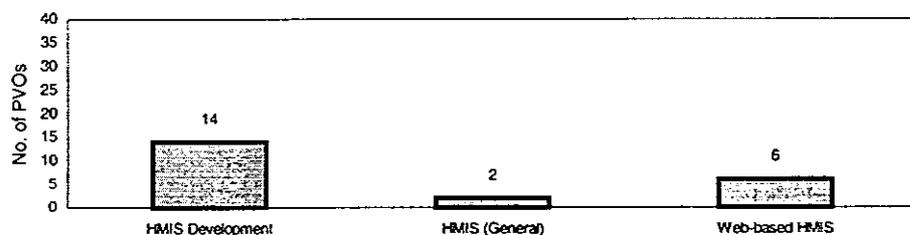
**Figure III-8. Number of CS Projects That Expressed a Need for Assistance in Monitoring and Evaluation (n=40)**



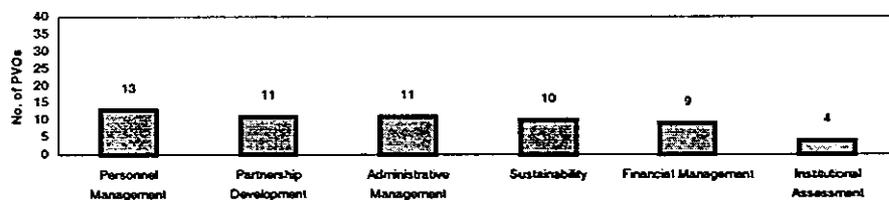
**Figure III-9. Number of CS Projects That Expressed a Need for Assistance in Child Survival Interventions (n=40)**



**Figure III-10. Number of CS Projects That Expressed a Need for Assistance in Health and Management Information Systems (n=40)**



**Figure III-11. Number of CS Projects That Expressed a Need for Assistance in Organizational Development (n=40)**



**2. Expressed Needs as a Function of the Number of Active PVC-funded Child Survival Projects Presently Managed by a Project’s PVO HQ Office**

CSTS grouped each active PVC-funded Child Survival Project according to the total number of PVC-funded Child Survival Projects presently managed by its PVO HQ. We then examined those active projects that expressed a need, and found there to be ten projects affiliated with PVOs that were managing only one active project; fourteen projects affiliated with PVOs that were managing two to four active projects; and sixteen projects affiliated with PVOs that were managing five or more projects. (For example, the Child Survival XI Project in Chapita and Chadiza District in the Eastern Province of Zambia is implemented by ADRA, which presently manages five active Child Survival Projects.)

## **Technical Assistance Needs Assessment**

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Table III-4 presents the distribution of needs expressed by CS Projects as a function of the number of active PVC-funded Child Survival Projects presently managed by their PVO HQ Offices.

Sixty-three percent of the projects whose PVO HQ Units manage five or more active projects expressed needs in IMCI and related interventions, while relatively smaller percentages of other CS projects expressed needs in this area. It is unclear from the analysis whether this finding is attributable to an increased level of sophistication that PVOs acquire as they increase the size of their health portfolio, or to the location of CS projects in countries where the Ministry of Health has or has not approved IMCI.

As might be expected, projects that constituted the only active CS project managed by their PVO HQ offices expressed a higher proportion of needs in the area of making connections, which includes both general networking and the development of contacts with organizations who can provide technical assistance.

## Technical Assistance Needs Assessment

Table III-4. Expressed Needs of CS Projects as a Function of the Number of Active PVC-Funded CS Projects Presently Managed by Their HQ Offices

NEED	Needs expressed by CS Projects being Implemented by PVOs with		
	One active CS project (n = 10)	Two to four active CS projects (n = 14)	Five or more active CS projects (n = 16)
<b>Monitoring and evaluation</b>	70% (7)	50% (7)	75% (12)
Surveys	40% (4)	14% (2)	38% (6)
Evaluation (general)	30% (3)	0% (0)	63% (10)
Data processing and use	40% (4)	0% (0)	25% (4)
Monitoring	10% (1)	14% (2)	50% (8)
Qualitative and participatory evaluation	10%(1)	0% (0)	38% (6)
Evaluation of specific interventions	0% (0)	0% (0)	19% (3)
Health facility assessments	20% (2)	36% (5)	6% (1)
<b>Child Survival interventions</b>	70% (7)	64% (9)	75% (12)
IMCI and related interventions	40% (4)	50% (7)	63% (10)
Reproductive health	50% (5)	7% (1)	38% (6)
Immunization	30% (3)	14% (2)	25% (4)
Nutritional promotion	20% (2)	0% (0)	13% (2)
<b>Health and management information systems</b>	60% (6)	29% (4)	63% (10)
HMIS development	60% (6)	14% (2)	63% (10)
HMIS (general)	0% (0)	7% (1)	6% (1)
Web-based HMIS	10% (1)	14% (2)	19% (3)
<b>Organizational development</b>	60% (6)	29% (4)	69% (11)
Partnership development	30% (3)	21% (3)	31% (5)
Personnel management	40% (4)	7% (1)	50% (8)
Administrative management	20% (2)	7% (1)	50% (8)
Sustainability	30% (3)	0% (0)	44% (7)
Financial management	30% (3)	0% (0)	38% (6)
Institutional assessment	20% (2)	0% (0)	13% (2)
<b>Information dissemination</b>	50% (5)	29% (4)	75% (12)
Sharing Child Survival information	40% (4)	29% (4)	63% (10)
Information dissemination technology	10% (1)	7% (1)	19% (3)
<b>Making connections</b>	50% (5)	7% (1)	38% (6)
General networking	40% (4)	0% (0)	31% (5)
Making connections for assistance	10% (1)	7% (1)	13% (2)
<b>DIP development</b>	30% (3)	7% (1)	44% (7)
Current projects	30% (3)	7% (1)	19% (3)
Future projects	0% (0)	0% (0)	25% (4)

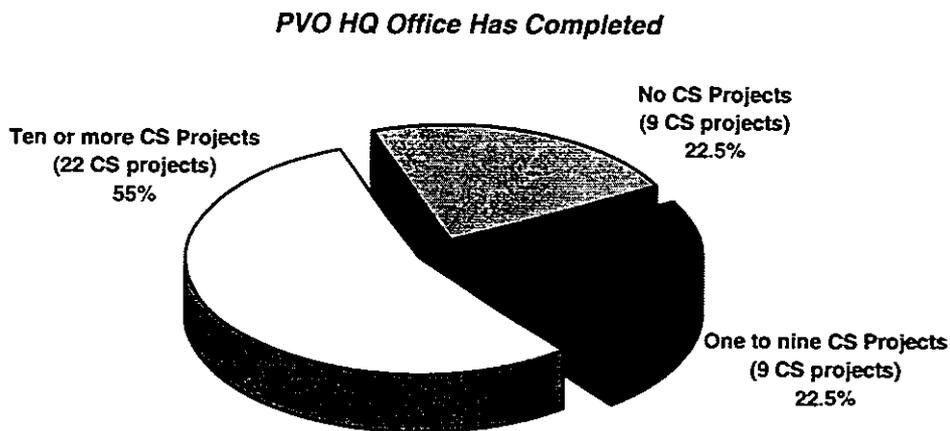
**3. Expressed Needs by Number of Completed PVC-funded CS Projects**

Figure III-12 shows the distribution of Child Survival Projects that expressed a need in relation to the relative child survival experience of their PVO HQ Offices. Child survival experience, for the purposes of this report, is defined as the number of PVC-funded Child Survival projects a PVO has completed, and does not take into account mission-funded child survival programs or other health programs funded through other sources. As illustrated in Figure III-11, over 55 percent of all needs expressed came from projects that are affiliated with very experienced child survival PVOs.

Table III-5 details CS projects' expressed needs in each major technical area and corresponding subarea in relation to the relative child survival experience of their PVO HQ offices. A high proportion of projects whose HQ Offices have less Child Survival Experience expressed a need for assistance in organizational development. This may reflect the reality that many of these less experienced PVOs are also smaller in size and do not have in-house organization development expertise.

Similarly, a high proportion of CS Projects whose PVO HQ Offices have less experience expressed needs in HMIS Development, reflecting the fact that these projects are managed by PVOs that are new to the Child Survival Grants Program.

**Fig. III-12. Distribution of CS Projects That Expressed a Need, by Relative Experience of Their PVO HQ office**



## Technical Assistance Needs Assessment

Table III-5. Expressed Needs as a Function of PVC-Funded Projects Completed, by Projects' HQ Offices

Need	Needs expressed by CS Projects whose PVOs have:		
	No completed CS projects (n = 9)	One to nine completed CS projects (n = 9)	Ten or more completed projects (n = 22)
<b>Monitoring and evaluation</b>	78% (7)	22% (2)	82% (18)
Surveys	33% (3)	11% (1)	36% (8)
Evaluation (general)	33% (3)	0% (0)	50% (11)
Data processing and use	33% (3)	0% (0)	23% (5)
Monitoring	22% (2)	11% (1)	36% (8)
Qualitative and participatory evaluation	11% (1)	0% (0)	32% (7)
Evaluation of specific interventions	0% (0)	0% (0)	18% (4)
Health facility assessments	33% (3)	0% (0)	27% (6)
<b>Child Survival interventions</b>	78% (7)	78% (7)	68% (15)
IMCI and related interventions	67% (6)	44% (4)	55% (12)
Reproductive health	44% (4)	11% (1)	32% (7)
Immunization	33% (3)	22% (2)	18% (4)
Nutritional promotion	22% (2)	0% (0)	9% (2)
<b>Health and management information systems</b>	56% (5)	33% (3)	59% (13)
HMIS development	44% (4)	33% (3)	32% (7)
HMIS (general)	0% (0)	0% (0)	14% (3)
Web-based HMIS	22% (2)	0% (0)	18% (4)
<b>Organizational development</b>	78% (7)	33% (3)	55% (12)
Partnership development	33% (3)	33% (3)	27% (6)
Personnel management	44% (4)	11% (1)	36% (8)
Administrative management	33% (3)	0% (0)	41% (9)
Sustainability	22% (2)	11% (1)	36% (8)
Financial management	22% (2)	11% (1)	27% (6)
Institutional assessment	11% (1)	0% (0)	14% (3)
<b>Information dissemination</b>	44% (4)	44% (4)	64% (14)
Sharing Child Survival information	33% (3)	44% (4)	55% (12)
Information dissemination technology	22% (2)	0% (0)	18% (4)
<b>Making connections</b>	56% (5)	0% (0)	36% (8)
General networking	44% (4)	0% (0)	27% (6)
Making connections for assistance	11% (1)	0% (0)	14% (3)
<b>DIP development</b>	33% (3)	11% (1)	32% (7)
Current projects	33% (3)	11% (1)	14% (3)
Future projects	0% (0)	0% (0)	18% (4)

### 4. Expressed Needs by Region

Figure III-13 shows the distribution of CS projects that expressed a need for assistance by region. It is important to note that the overall response rate for projects in Latin America and the Caribbean (36%) and Lusophone Africa (20%) was considerably lower than in the other regions (see table III-1, PVO Response Rate by Category of Analysis). In the LAC region, the availability of skilled human resources is generally higher than in other parts of the developing world. PVOs in this region may therefore be better able to draw on in-house or other local resources to address their needs. The reason for the low level of needs expressed among projects in Lusophone Africa is not clear.

**Figure III-13. Distribution of Child Survival Projects That Expressed a Need for Assistance, by Region**

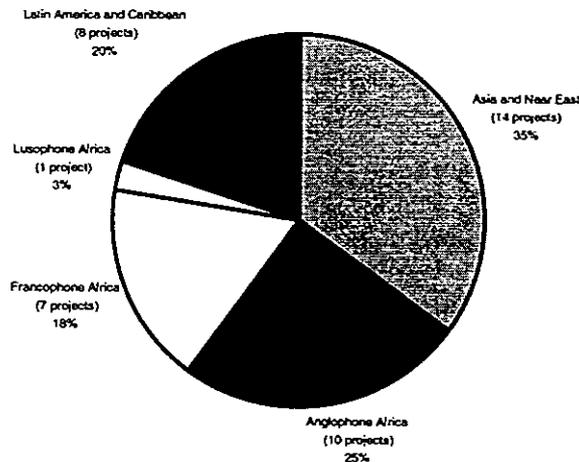


Table III-6 shows the distribution of needs expressed by CS projects by region. Only one project in Lusophone Africa expressed a need for assistance and is not included in the table.

Generally, projects in Francophone Africa expressed a relatively higher need for assistance in organizational development (especially personnel management, partnership development, and financial management). Need for assistance in Child Survival interventions was also high in this region and in Anglophone Africa.

## Technical Assistance Needs Assessment

Table III-6. Distribution of Needs Expressed by Child Survival Projects, by Region

Need	Need expressed by Projects in			
	Asia and Near East (n = 14)	Anglophone Africa (n = 10)	Francophone Africa (n = 7)	Latin America and the Caribbean (n = 8)
<b>Monitoring and evaluation</b>	71%(10)	60% (6)	57% (4)	63% (5)
Surveys	43% (6)	30% (3)	29% (2)	13% (1)
Evaluation (general)	14% (2)	40% (4)	29% (2)	50% (4)
Data processing and use	14% (2)	20% (2)	14% (1)	25% (2)
Monitoring	21% (3)	40% (4)	29% (2)	25% (2)
Qualitative and participatory evaluation	21% (3)	10% (1)	14% (1)	25% (2)
Evaluation of specific interventions	7% (1)	0% (0)	14% (1)	13% (1)
Health facility assessments	21% (3)	20% (2)	29% (2)	13% (1)
<b>Child Survival interventions</b>	57% (8)	90% (9)	71% (5)	75% (6)
IMCI and related interventions	50% (7)	60% (6)	57% (4)	50% (4)
Reproductive health	29% (4)	30% (3)	14% (1)	50% (4)
Immunization	29% (4)	40% (4)	14% (1)	0% (0)
Nutritional promotion	14% (2)	10% (1)	14% (1)	0% (0)
<b>Health and management information systems</b>	57% (8)	50% (5)	14% (1)	75% (6)
HMIS development	43% (6)	30% (3)	0% (0)	63% (5)
HMIS (general)	7% (1)	10% (1)	0% (0)	0% (0)
Web-based HMIS	7% (1)	20% (2)	14% (1)	25% (2)
<b>Organizational development</b>	50% (7)	50% (5)	71% (5)	38% (3)
Partnership development	21% (3)	20% (2)	43% (3)	25% (2)
Personnel management	29% (4)	30% (3)	57% (4)	25% (2)
Administrative management	21% (3)	50% (5)	29% (2)	13% (1)
Sustainability	29% (4)	30% (3)	0% (0)	38% (3)
Financial management	7% (1)	30% (3)	43% (3)	25% (2)
Institutional assessment	7% (1)	20% (2)	0% (0)	13% (1)
<b>Information dissemination</b>	50% (7)	50% (5)	57% (4)	63% (5)
Sharing Child Survival information	43% (6)	40% (4)	43% (3)	63% (5)
Information dissemination technology	7% (1)	10% (1)	29% (2)	13% (1)
<b>Making connections</b>	14% (2)	30% (3)	29% (2)	50% (4)
General networking	7% (1)	30% (3)	14% (1)	38% (3)
Making connections for assistance	7% (1)	10% (1)	14% (1)	13% (1)
<b>DIP development</b>	29% (4)	40% (4)	29% (2)	13% (1)
Current projects	21% (3)	10% (1)	29% (2)	13% (1)
Future projects	7% (1)	30% (3)	0% (0)	0% (0)

## Technical Assistance Needs Assessment

It is interesting to note that when the general areas of expressed needs are further analyzed, the specific needs break down slightly differently. Table III-7 presents those specific needs that were identified by four or more projects in a given region. IMCI and Related Interventions is the one area that is consistently mentioned by a high number of projects across every region. HMIS Development is mentioned by a high number of projects in both Asia and the Near East and the LAC region. Expressed needs for sharing child survival information and documenting promising practices are also mentioned in these two regions. African-based projects seem to have high degrees of need in IMCI and Organization Development (Personnel and Administrative Management).

**Table III-7. Specific Needs Expressed by Four or More Projects Within a Region**

Asia & Near East	Anglophone Africa	Francophone Africa	LAC
IMCI and Related Interventions (7)	IMCI and Related Interventions (6)	IMCI and Related Interventions (4)	Sharing CS Information (5)
HMIS Development (6)	Administrative Management (5)	Personnel Mgmt (4)	HMIS Development (5)
Surveys (6)			IMCI and Related Intervention (4)
Sharing CS Information (6)			Reproductive Health (4)
Reproductive Health (4)			General Evaluation (4)
Immunization (4)			
Personnel Mgmt. (4)			
Sustainability (4)			

### 5. Needs of Child Survival Projects by Project Start Year

CSTS categorized active CS projects by the year in which they were funded, and conducted an analysis of expressed needs by this variable.

As shown in Table III-1, PVO Response Rates by Category of Analysis, higher proportions of projects that started in 1997 and 1998 expressed a need for assistance as compared to projects that started in earlier years. Figure III-14 shows the distribution of CS projects that expressed a need for assistance by project start year. Nearly two-thirds of the projects started in 1997 and 1998.

Figure III 13. Distribution of Child Survival Projects That Expressed a Need for Assistance, by Project Start Year

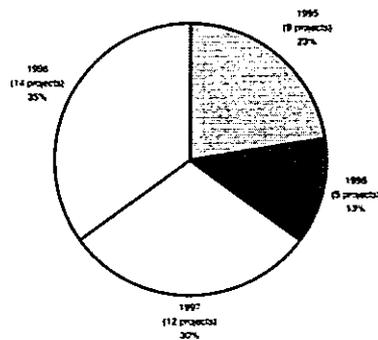


Table III-8 presents the distribution of needs expressed by CS projects by project start year. A high proportion of projects that started in 1995 and 1996 expressed a need for assistance in monitoring and evaluation. Survey assistance was a major need expressed by projects that started in 1995. A large proportion of projects that started in 1997 expressed a need for help in developing their HMIS. Among projects that started in 1998, partnership development, personnel management, and DIP development were the major needs. The table shows a downward trend in the need for assistance in information dissemination by project start year from 1995 to 1998.

Figures III-15, III-16, and III-17, respectively, highlight the high need for assistance with surveys among projects starting in 1995, HMIS development among projects starting in 1997, and partnership development among projects starting in 1998.

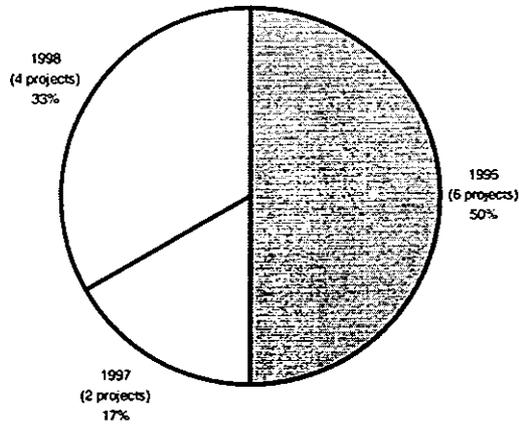
This pattern of needs is as expected. Projects in the 1998 cohort are in the start-up phase. Activities in this phase include hiring of staff, team building, preparing a DIP, and establishing linkages with other organizations. Personnel management, DIP development, and partnership development are therefore high-need areas. The projects in the 1997 cohort have completed the start-up phase and are now in the implementation phase and therefore have a greater need for help with tracking project activities through information systems. Many of the projects in the 1995 cohort are about to conduct end-of-project surveys and need support with this activity and in disseminating lessons learned to other organizations.

## Technical Assistance Needs Assessment

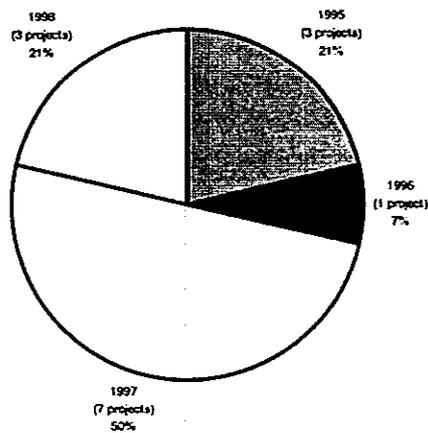
Table III-8. Distribution of Needs Expressed by Child Survival Projects, by Project Start Year

Need	Need expressed by Projects that started in			
	1995 (n = 9)	1996 (n = 5)	1997 (n = 12)	1998 (n = 14)
<b>Monitoring and evaluation</b>	78% (7)	80% (4)	58% (7)	57% (8)
Surveys	67% (6)	0% (0)	17% (2)	29% (4)
Evaluation (general)	33% (3)	60% (3)	25% (3)	29% (4)
Data processing and use	44% (4)	0% (0)	17% (2)	14% (2)
Monitoring	33% (3)	40% (2)	17% (2)	29% (4)
Qualitative and participatory evaluation	22% (2)	40% (2)	8% (1)	14% (2)
Evaluation of specific interventions	11% (1)	40% (2)	0% (0)	0% (0)
Health facility assessments	22% (2)	0% (0)	33% (4)	14% (2)
<b>Child Survival interventions</b>	78% (7)	80% (4)	75% (9)	57% (8)
IMCI and related interventions	67% (6)	60% (3)	50% (6)	43% (6)
Reproductive health	44% (4)	0% (0)	42% (5)	21% (3)
Immunization	33% (3)	20% (1)	17% (2)	21% (3)
Nutritional promotion	0% (0)	20% (1)	8% (1)	14% (2)
<b>Health and management information systems</b>	56% (5)	60% (3)	58% (7)	36% (5)
HMIS development	33% (3)	20% (1)	58% (7)	21% (3)
HMIS (general)	11% (1)	0% (0)	0% (0)	7% (1)
Web-based HMIS	33% (3)	20% (1)	8% (1)	7% (1)
<b>Organizational development</b>	33% (3)	80% (4)	42% (5)	64% (9)
Partnership development	11% (1)	20% (1)	25% (3)	43% (6)
Personnel management	22% (2)	20% (1)	25% (3)	50% (7)
Administrative management	33% (3)	40% (2)	25% (3)	21% (3)
Sustainability	11% (1)	60% (3)	25% (3)	21% (3)
Financial management	33% (3)	20% (1)	17% (2)	21% (3)
Institutional assessment	11% (1)	0% (0)	8% (1)	14% (2)
<b>Information dissemination</b>	67% (6)	60% (3)	50% (6)	43% (6)
Sharing Child Survival information	56% (5)	60% (3)	50% (6)	29% (4)
Information dissemination technology	11% (1)	0% (0)	8% (1)	21% (3)
<b>Making connections</b>	33% (3)	20% (1)	25% (3)	36% (5)
General networking	22% (2)	0% (0)	25% (3)	29% (4)
Making connections for assistance	22% (2)	20% (1)	0% (0)	7% (1)
<b>DIP development</b>	33% (3)	20% (1)	8% (1)	43% (6)
Current projects	0% (0)	0% (0)	8% (1)	43% (6)
Future projects	33% (3)	20% (1)	0% (0)	0% (0)

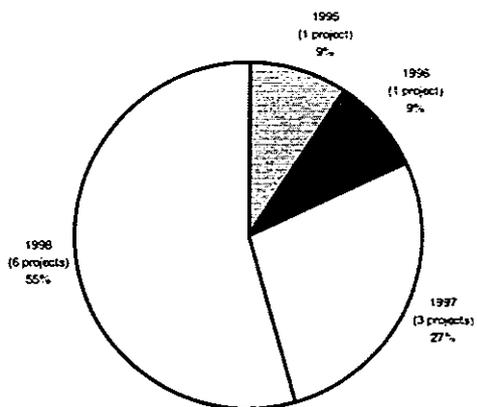
**Figure III-15. Distribution of Child Survival Projects That Expressed a Need for Assistance With Surveys, by Project Start Year**



**Figure III-16. Distribution of Child Survival Projects That Expressed a Need for Assistance in HMIS Development, by Project Start Year**



**Figure III-17. Distribution of Child Survival Projects That Expressed a Need for Assistance in Partnership Development, by Project Start Year**



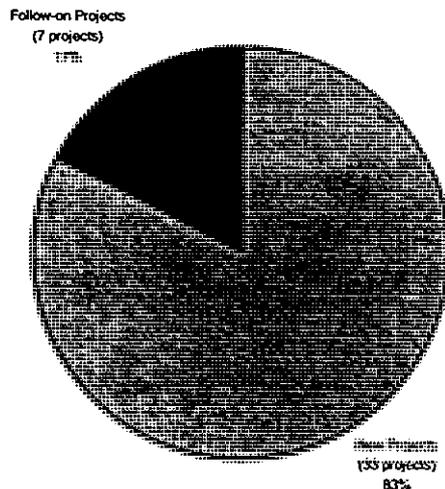
### 6. Expressed Needs by Grant Type (New vs. Follow-on)

As shown in Table III-1: PVO Response Rates by Category of Analysis, a higher proportion of new projects (those that were not preceded by another CS project in the same location) expressed a need for assistance as compared to follow-on projects. The follow-on projects, because of their longer life in the project site, have probably already been able to mobilize resources for problem solving and therefore have a smaller need for assistance from other organizations.

Figure III-18 shows that 83% of the projects that expressed a need for assistance were new. Two of these 33 projects received “entry grants.” Entry grants are usually awarded for two-year projects in which the PVOs conduct a health situation analysis and prepare plans for a longer follow-on project. Another two received “mentoring grants,” which enable a more experienced PVO to guide a less experienced PVO in implementing a CS project. Four of the seven follow-on projects were preceded by an entry grant project.

Table III-9 presents the distribution of needs expressed by CS projects by project type. Larger proportions of the new projects expressed a need for assistance in monitoring and evaluation, HMIS, and DIP development.

**Figure III-18. Distribution of Child Survival Projects That Expressed a Need for Assistance, by Project Type**



## Technical Assistance Needs Assessment

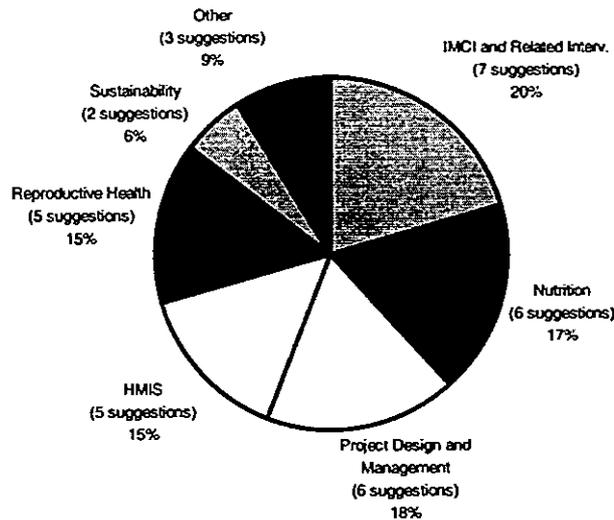
Table III-9. Distribution of Needs Expressed by Child Survival Projects, by Project Type

Need	Need expressed by	
	New Projects (n = 33)	Follow-on Projects (n = 7)
Monitoring and evaluation	67% (22)	57% (4)
Surveys	30% (10)	29% (2)
Evaluation (general)	33% (11)	29% (2)
Data processing and use	21% (7)	14% (1)
Monitoring	24% (8)	43% (3)
Qualitative and participatory evaluation	18% (6)	14% (1)
Evaluation of specific interventions	9% (3)	0% (0)
Health facility assessments	21% (7)	14% (1)
Child Survival interventions	67% (22)	86% (6)
IMCI and related interventions	52% (17)	57% (4)
Reproductive health	30% (10)	29% (2)
Immunization	24% (8)	14% (1)
Nutritional promotion	9% (3)	14% (1)
Health and management information systems	52% (17)	43% (3)
HMIS development	36% (12)	29% (2)
HMIS (general)	6% (2)	0% (0)
Web-based HMIS	15% (5)	14% (1)
Organizational development	48% (16)	71% (5)
Partnership development	24% (8)	43% (3)
Personnel management	27% (9)	57% (4)
Administrative management	27% (9)	29% (2)
Sustainability	27% (9)	14% (1)
Financial management	18% (6)	43% (3)
Institutional assessment	12% (4)	0% (0)
Information dissemination	52% (17)	57% (4)
Sharing Child Survival information	45% (15)	43% (3)
Information dissemination technology	6% (2)	43% (3)
Making connections	27% (9)	43% (3)
General networking	21% (7)	29% (2)
Making connections for assistance	9% (3)	14% (1)
DIP development	30% (10)	14% (1)
Current projects	18% (6)	14% (1)
Future projects	12% (4)	0% (0)

D. Topics Suggested by PVOs for CSTS Technical Reports

PVO United States offices were asked to suggest three topics for CSTS technical reports (to be published over the next year). PVOs made a total of 34 suggestions. Figure III-19 shows that PVOs are most interested in receiving technical reports on integrated management of childhood illness and related interventions (e.g., malaria control), project design and management, and nutrition. The selection of topics is related to—and is probably driven by—PVO needs for assistance in Child Survival interventions and organizational development.

Figure III-19. Topics Suggested by PVOs for CSTS Technical Reports



### **IV. Needs Identified by CORE Working Groups**

Prior to the PVO CORE Group meeting in North Carolina in April 1998, two CORE Working Groups assessed PVO needs. Major findings of these assessments are presented below.

The Quality Improvement Working Group faxed 30 questionnaires and received responses from 15 PVOs. The primary findings of that assessment are summarized below:

- Most PVOs have had some exposure to Quality Assurance (QA) or Quality Improvement (QI), but very few had ever received formal training;
- PVOs expressed a high interest in incorporating formal QI into their Child Survival Programs, but needed tools to do so;
- PVOs expressed a desire for practical training at the HQ and Field levels with follow up technical assistance.

The Monitoring and Evaluation Working Group received responses from 16 of the 32 PVOs to whom a questionnaire was sent. PVOs expressed high interest in the following:

- Health facility assessments
- Participatory rural appraisal and rapid rural appraisal
- Community-level monitoring systems
- Methods for formative, impact, and process evaluations
- Monitoring and evaluation of specific health interventions (nutrition and micronutrients, pneumonia case management, maternal and newborn care, and breastfeeding).

These interests are similar to the needs for assistance in monitoring and evaluation expressed by PVOs in the CSTS needs assessment survey.

### **V. Needs Identified During CORE and CSTS Meetings**

This section describes needs identified by PVO representatives at the CSTS Collaboration Retreat (February 1999) and CORE's Annual Membership Meeting (April 1999). Each of these events provided useful information on potential technical assistance needs, and will inform CSTS' overall approach and philosophy for providing assistance. The key issues from each of these events is outlined below:

#### **A. The CSTS Collaboration Retreat**

The Child Survival Technical Support Project's Collaboration Retreat was held on February 17, 1999 in Annapolis, Maryland. The retreat was attended by all CSTS Staff; five representatives from BHR/PVC; and 6 representatives of the CORE Group. A formal report on the retreat was submitted to USAID/BHR/PVC in March 1999.

## **Technical Assistance Needs Assessment**

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The Collaboration Retreat focused primarily on relationship building and collaborative possibilities between USAID/BHR/PVC, CSTS, and the CORE group. In the course of those discussions, a number of issues surfaced which will serve to guide CSTS' approach to addressing the needs of Child Survival PVOs. As a representative of the PVO Community, CORE Board members listed the following priority areas in which they felt CSTS could be a key resource:

- Collaboration with CORE to develop a “High-Impact Conference” that will benefit Child Survival PVOs
- Qualitative Research Methodologies
- Development of a shared CORE/CSTS Consultant Database
- Provision of technical assistance to CORE Working Groups
- Development of strategies for addressing needs of smaller PVOs
- Identification of State of the Art and/or Best Practices topics

### **B. CORE's 1999 Membership Meeting**

In April 1999 CSTS staff attended the Annual Meeting of the CORE Group in Phoenix, Arizona. During the meeting, two processes occurred which contributed to our overall needs assessment: a panel discussion on critical issues in child survival, and the formation of an affinity group of “newer, smaller child survival PVOs”. A summary of issues that emerged from each group are summarized below:

#### **Current Issues in Child Survival**

##### **1. Managerial Challenges**

- Capacity building of local NGOs
- Dealing with a change in the development paradigm that is attributed to the increased emphasis on capacity building—moving from “doing the whole project yourself” to “building the capacity of local partners so that they can do the project themselves”
- Getting information from partners, not just getting information from communities
- Q.—Does USAID have Institutional Assessment Guides?
- Pressure to be technically excellent *and* to mentor partners, build relationships with partners.
- Time involved to do capacity building—being realistic in terms of what you can achieve
- Opportunity—partnering allows PVOs to more strategically inform Health Policy at national level

## **Technical Assistance Needs Assessment**

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2. Increased access to antibiotics vs. increased irrational drug use
3. Integration of other development programs into child survival (e.g., microenterprise, food security, family planning, water and sanitation)
4. Find different ways of thinking about questions (think outside the box)  
*Issue: How can we make M & E more participative*  
*How can the community take responsibility for the assessment process?*
5. Malaria--there's no good way of dealing with it. Bednet studies suggest they are ineffective, we need new ways of thinking about how to address malaria.
6. How do you REALLY involve the community?
7. Sustainability--what else is it beyond financial sustainability?
8. How do we ensure a high quality CS program, and how can we promote and ensure quality? How does quality translate across culture?
9. Integration of food aid with Child Survival
10. How to help families/communities plan for emergency health needs
11. Neo-natal mortality
12. Urban population issues vs. rural development issues-- overburdened health systems vs. non-existent services
13. HIV/AIDS--effects staff, which impacts on capacity of the project
14. Documentation of experiences and lessons learned

### **Issues for Smaller PVOs New to the PVC CSGP**

A group of PVOs new to the Child Survival arena met informally to discuss issues that they felt were particular to their experiences. On the second day of the meeting they presented issues and questions that they were interested in discussing with the larger group. The key issues to CSTS' technical assistance program are listed below:

1. What's the difference between CORE and CSTS?
2. What are the dos and don'ts of Child Survival Programs?
3. What are the key, state of the art resources that one should be familiar with regarding all the different aspects of Child Survival?
4. What are the expectations of the Child Survival Backstopping function?
5. How can we promote the "health arena" internally in our own organizations?

### VI. Conclusions and Recommendations

The information presented in this report provides a snapshot of the technical areas in which PVC-funded Child Survival Projects expressed needs for assistance, the attributes of projects that need different types of assistance, and the regions in which there are greater needs for assistance. It also provides insights on how the CSTS project best fits into a complex technical assistance system that consists of PVOs with internal expertise in specific areas, other technical assistance programs that support CSTS' target PVO audience (e.g., Linkages, BASICS, GEM), and the CORE Group.

Below, we offer the following recommendations for the formation of a technical assistance strategy that will enable CSTS to address the needs of Child Survival Projects and their PVO HQ Offices in the most efficient and practical manner.

- 1. Build connections with other organizations that offer assistance to Child Survival PVOs and their Projects.**

It is clear from the needs assessment that while many PVOs already tap into a wealth of internal resources and assistance from other Cooperating Agencies, some of the smaller PVOs do not have the same degree of infrastructure or connections. By establishing connections with other organizations that offer resources to Child Survival PVOs, CSTS will strengthen its ability to respond to technical assistance requests in the most efficient and timely manner. These connections will also position CSTS to build the capacities of smaller PVOs who are newer to Child Survival by facilitating connections between those PVOs and relevant Cooperating Agencies or resource organizations.

- 2. Focus technical and capacity building resources on child survival projects that have been more recently funded, who are affiliated with PVOs that presently have a small number of active projects (1 or 2), or who are affiliated with a PVO that is new to the Child Survival Grants Program. Support larger, more experienced PVOs in documenting their successes and undertaking operations research that will advance the field.**

This recommendation is supported by the general trends which emerged from the analysis of expressed needs by different project attributes. From a strategic perspective, it also makes sense for CSTS to focus more on planning to assist the newly funded CS Projects because it will allow CSTS to provide input to those projects from the initial stages of DIP development, through mid-term evaluations, and into final evaluations.

This is not to say that CSTS will not respond to requests for specific information or resources from larger, more experienced PVOs. CSTS should be committed to providing state of the art technical information, facilitating connections to other resources, and providing general consulting to all PVC-funded Child Survival PVOs. However, in identifying topics for regional training events, determining the appropriate financial or in-kind commitment to make to a collaborative effort, or developing new processes or tools, CSTS should prioritize its decisions based on the expressed needs of projects affiliated with newer, less experienced PVOs.

## **Technical Assistance Needs Assessment**

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- 3. Use regional areas of need to guide decisions on appropriate topics and locations for international workshops/conferences.**

The expressed needs that emerged in general from this report suggest a wide range of topic areas which might be the basis for either regional or United States-based workshops. Like most other Cooperating Agencies, CSTS has a finite pool of resources available to sponsor workshops. CSTS should use the regional areas of need identified in this report to prioritize the topics and locations of regional workshops that it organizes and sponsors. CSTS should seek to take a supportive role in workshops held on other topics in other regions, exploring opportunities for cost-sharing with other organizations, taking a secondary role in workshop planning and curriculum development, etc.

- 4. Develop a set of guiding principles and procedures that will clarify for PVOs the purpose of the CSTS project, the process for requesting technical assistance, and CSTS' overall approach to technical assistance.**

The findings in this report suggest a high degree of complexity in the process of providing technical assistance that is efficient, responsive, and practical to a wide array of requesting organizations. The experience of CSTS staff at the CORE Annual meeting suggest that one of the Project's key target groups—PVOs that are new to the Child Survival Grants Program—are still unsure of the difference between CORE and CSTS. It is recommended here that CSTS develop a set of guiding principles and distribute it to PVOs to create a mutual understanding of how the CSTS project fits into the complex Web of technical assistance mechanisms that PVOs have access to. These guiding principles should then drive CSTS' approach to responding to technical assistance requests.

During the Needs Assessment process itself, as CSTS staff responded to immediate needs expressed by the Child Survival PVO community, it operated under the "Key Operating Principles" outlined in its original proposal to BHR/PVC. These principles might be revisited and adapted to fit the CSTS technical assistance strategy.

- 5. Incorporate an ongoing assessment of needs into all CSTS activities, so that a formal assessment is not necessary each year.**

A secondary purpose to conducting this comprehensive assessment of needs was to introduce CSTS to the PVO community, and to begin the process of relationship building between CSTS staff, PVOs, and their Child Survival Projects. The needs assessment survey instrument was purposely designed in an open-ended manner to facilitate opportunities for relationship building through ongoing followup discussions with PVO and Project Staff. The result has been strong lines of communication established at the PVO HQ Office level with all Child Survival Backstop staff, and with Project-level representatives for those projects visited by CSTS staff in Nicaragua, Mali, Cambodia, the Philippines, and Vietnam.

As a result, CSTS is now strategically positioned to tap into the needs of child survival PVOs on an ongoing, continual basis. As PVOs have come to understand the role of CSTS and the resources it provides, they have become more willing to respond to e-mail questionnaires on other topics, commit time to telephone interviews, and generally offer their input on technical assistance strategies. It is recommended that CSTS capitalize on its strong relationships with

## **Technical Assistance Needs Assessment**

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the PVO community by keeping that community engaged in an ongoing, informal identification of emerging needs for technical assistance. To this end, it may be more appropriate to conduct another detailed needs assessment in two or three years time.

### **6. Develop a strategy to assess the needs of newly funded projects each year.**

This is a slight caveat to recommendation number five above. It is important to recognize that new projects will be funded each year, and that they may have different sets of needs than those expressed by the projects that responded to the CSTS Needs Assessment Survey.

It is recommended that CSTS explore ways to encourage new projects to include a more detailed assessment of their needs in their DIPS, and that CSTS offer some guidance on how to identify those during the RFA conference in September 1999.



**Appendix A**

**CSTS Needs Assessment Questionnaires**



## Appendix A

### CSTS Needs Assessment Questionnaires (including Cover Letter, and Summary of Technical Assistance Resources)

#### Assessment of PVO Child Survival Headquarters Needs

Dear Colleague:

A few weeks back, I wrote to introduce the Child Survival Technical Support (CSTS) Project to you. We look forward to working with you to provide the assistance you need to develop and support your Child Survival activities.

The CSTS team is prepared to respond to a wide array of technical support needs of Child Survival Grant Program staff, ranging from assistance in child survival interventions to institution strengthening and organizational development support. This support may be in the form of individual project assistance, training, information, meetings, facilitation, or other types of support, depending on your wishes and experience. Assistance may come directly from our team, other Macro professionals, consultants, or from partners and cooperating organizations. We anticipate working closely with PVO field and headquarters staff, CORE, its Working Groups, and USAID/BHR/PVC staff to understand and respond appropriately to PVO-expressed needs. It is our overall goal to provide assistance that is relevant, high quality, and provided in a timely manner.

To facilitate the technical assistance process, we have summarized the areas of assistance that CSTS could help with. We have also presented the main findings of needs assessments conducted by CORE working groups in 1998. Please take a few moments to review these materials and then complete the brief assessment (Assessment of PVO Child Survival Headquarters Needs) on the pages that follow. Please return your forms by \_\_ January 1999 via e-mail to [dkumper@macroint.com](mailto:dkumper@macroint.com), or fax to the attention of Deborah Kumper (at 301-572-0999). We are also requesting staff from your Child Survival project/s in the field to complete a similar assessment (Assessment of PVO Child Survival Project Needs).

Our team looks forward to working with you and becoming a reliable partner and source of support for your efforts in Child Survival programming. If at any time you have any specific questions about CSTS, or related activities at Macro, please do not hesitate to contact me (e-mail: [haggerty@macroint.com](mailto:haggerty@macroint.com); Telephone: 301-572-0829; FAX: 301-572-0999).

Sincerely,

Patricia Haggerty  
Director, CSTS  
Macro International Inc.

## **Child Survival Technical Support Project**

### **Summary of Technical Assistance Resources**

- 1 **Technical support for child survival interventions** – Our team offers technical resources that embody state of the art knowledge and practices in the areas of integrated management of childhood illness, immunization, nutrition and micronutrients, breastfeeding promotion, control of diarrheal disease, pneumonia case management, control of malaria, maternal and newborn care, child spacing, STI/HIV/AIDS prevention, and integrated child and maternal health programs.
- 2 **Survey design, data collection, processing, and information utilization** – Assistance is available for the rapid Knowledge, Practice, and Coverage (KPC) survey methodology and other population based surveys, health facility assessments, use of available secondary data (from sources such as Demographic and Health Surveys), health information systems, growth monitoring, and qualitative data collection. The CSTS team can also provide support for development of other data collection approaches, and guidance in data processing.
- 3 **Monitoring and evaluation support**--CSTS offers resources that you can utilize in developing needs assessments, ensuring stakeholder involvement, participatory design and on-going implementation tracking, short-term monitoring, mid-term and end of project impact evaluations, and report generation for different types of audiences.
- 4 **Organizational development support**--CSTS offers a wide range of organizational development support to your health units to assist their capacity building and institutional strengthening efforts. CSTS services in this arena range from institutional strength assessments, to resources for addressing issues related to conflict management, negotiation skills development, leadership development, team building, human resource development, strategic planning, financial and administrative management, and sustainability. We can also help you in carrying out stakeholder analysis and developing partnerships with local community groups, non-governmental organizations, ministries of health, and other supporters (such as donors and private enterprise).
- 5 **Information dissemination and communications support**--We offer support in the dissemination of information on child survival programming, lessons learned, promising and best practices, and project results. We can also provide training on the use of technology for the preparation and dissemination of information.
- 6 **Detailed Implementation Plan (DIP) development support**--Our staff are available to consult with you about your draft DIP by posing questions for clarification, suggesting resources, ensuring that the indicators being tracked are fully representative of the activities you plan to undertake, and giving technical advice.
- 7 **Management Information System (MIS) support**--CSTS is developing a web-based MIS for information on Child Survival projects. Our team can provide assistance to you

in using this system, as well as technical assistance in developing your project's MIS (using technology appropriate to your needs).

- 8 **Connections with other organizations**--We can offer you referral to other organizations which have addressed issues similar to those you face, or which have resources that may be helpful to your project.

**Assessment of PVO Child Survival Headquarters Needs  
January 1999  
PVO \_\_\_\_\_**

**A Over the next year, the Johns Hopkins University, CSTS subcontractor, will prepare three state-of-the-art (SOTA) technical papers for dissemination to PVO Child Survival projects. Please identify three topics on which you would like to receive SOTA papers.**

**B If there is demand, CSTS can conduct workshops to train Rapid Knowledge, Practice, and Coverage Survey Trainers. How many persons is your organization likely to propose to attend such a workshop in 1999?**

<b>Workshop Location</b>	<b>Number of Persons</b>
United States	_____
Anglophone Africa	_____
Francophone Africa	_____
Asia and the Near East	_____
Latin America and the Caribbean	_____

**C In the spaces below, please describe any specific technical assistance needs that you foresee requesting from the CSTS project. For each specific need identified, please indicate the timeframes within which you might request that assistance. Please identify timeframes as follows:**

- Within the next 3 months**
- Within the next 6 months**
- Within the next 12 months**

**1 Technical support for child survival interventions**

PVO \_\_\_\_\_

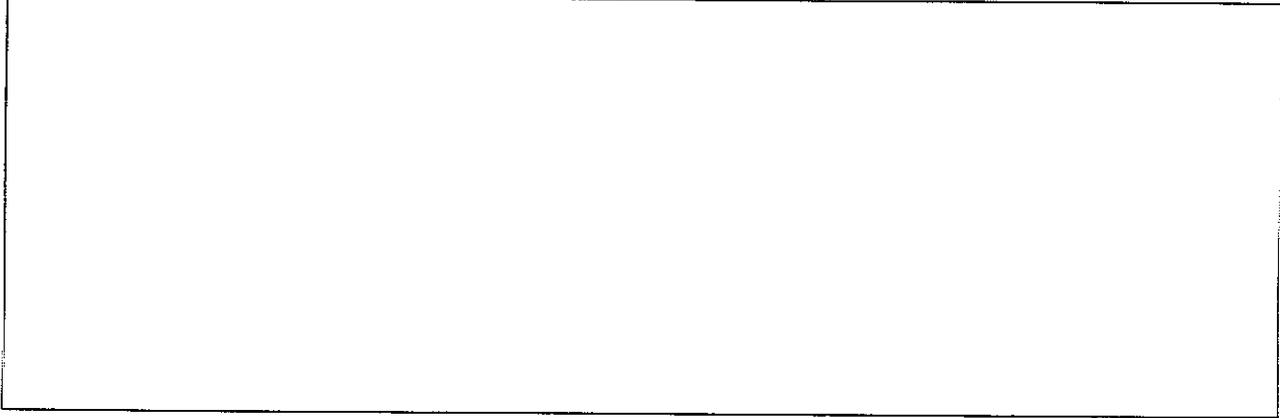
**2 Survey design, data collection, processing, and information utilization**

**3 Monitoring and evaluation support**

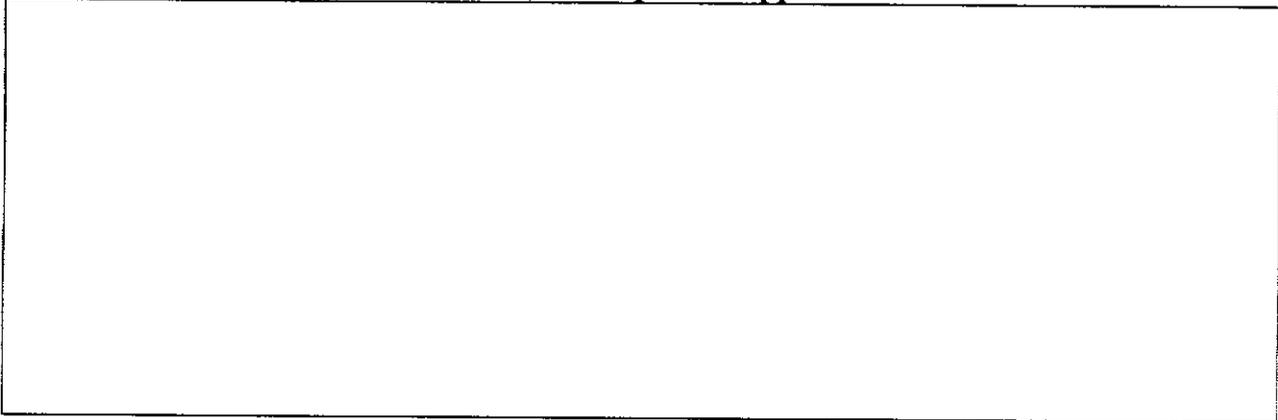
**4 Organizational development support**

PVO \_\_\_\_\_

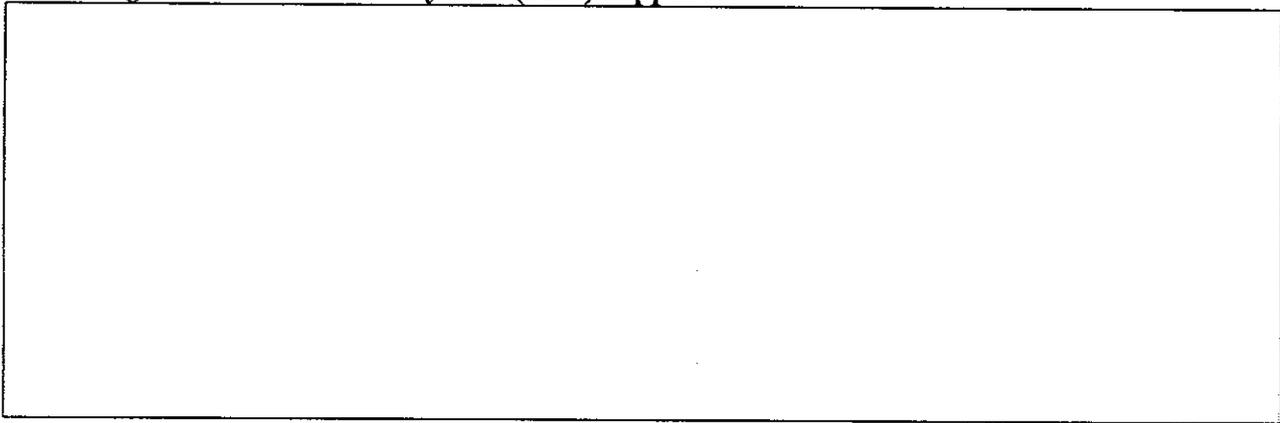
**5 Information dissemination and communications support**



**6 Detailed Implementation Plan (DIP) development support**



**7 Management Information System (MIS) support**



PVO \_\_\_\_\_

**8 Connections with other organizations**

Thanks for taking the time to complete this form. If you have other suggestions and/or comments, please write them in the space below.

## Assessment of PVO Child Survival Project Needs

Dear Colleague:

Greetings from the Child Survival Technical Support (CSTS) Project!

CSTS is funded by the Office of Private and Voluntary Cooperation (PVC) of USAID's Bureau for Humanitarian Response, and is implemented by Macro International Inc., in Calverton, MD, USA. We look forward to working with you to provide the assistance you need to develop and support your project activities.

Our project staff includes Patricia Haggerty, Director; Karunesh Tuli, Child Survival Technical Specialist; Leo Ryan, Organizational Development Specialist; Sandra Bertoli, Monitoring and Evaluation Specialist; Daniel Vadnais, Information Dissemination Specialist; David Cantor, Management Information Systems Specialist; Penny Altman, Project Coordinator; and Deborah Kumper, Administrative Assistant. Our subcontractor is the Department of International Health at Johns Hopkins University.

The CSTS team is prepared to respond to a wide array of technical support needs of Child Survival Grant Program staff, ranging from assistance in child survival interventions to institution strengthening and organizational development support. This support may be in the form of individual project assistance, training, information, meetings, facilitation, or other types of support, depending on your wishes and experience. Assistance may come directly from our team, other Macro professionals, consultants, or from partners and cooperating organizations. We anticipate working closely with PVO field and headquarters staff, CORE, its Working Groups, and BHR/PVC staff to understand and respond appropriately to PVO-expressed needs. It is our overall goal to provide assistance that is relevant, high quality, and provided in a timely manner.

To facilitate the technical assistance process, we have summarized the areas of assistance that CSTS could help with. Please take a few moments to review this and then complete the brief assessment on the pages that follow. Please return your forms by 20 January 1999 via e-mail to [dkumper@macroint.com](mailto:dkumper@macroint.com), or fax to the attention of Deborah Kumper (at 301-572-0999). The information you supply will be used to help us ensure that we are responsive at all phases of your project.

Our team looks forward to working with you and becoming a reliable partner and source of support for your efforts in poor communities. Please feel free to contact me at any time if you need technical assistance (e-mail: [haggerty@macroint.com](mailto:haggerty@macroint.com); Telephone: 301-572-0829; FAX: 301-572-0999). Also let me know if you have questions about CSTS or related activities at Macro.

Sincerely,

Patricia Haggerty  
Director, CSTS  
Macro International Inc.

**Assessment of PVO Child Survival Project Needs  
January 1999**

\_\_\_\_\_ **Project**

**In the spaces below, please describe any specific technical assistance needs that you foresee requesting from the CSTS project. For each specific need identified, please indicate the timeframes within which you might request that assistance. Please identify timeframes as follows:**

**Within the next 3 months**

**Within the next 6 months**

**Within the next 12 months**

**1 Technical support for child survival interventions**

--

**2 Survey design, data collection, processing, and information utilization**

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\_\_\_\_\_ **Project**

**3 Monitoring and evaluation support**

**4 Organizational development support**

**5 Information dissemination and communications support**

\_\_\_\_\_ **Project**

**6 Detailed Implementation Plan (DIP) development support**

**7 Management Information System (MIS) support**

**8 Connections with other organizations**

Thanks for taking the time to complete this form. If you have other suggestions and/or comments, please write them on an additional page.



**Appendix B**

**Keys to Data Tables:  
Expressed Needs of Child Survival Projects**



**Key to Table III-4: Expressed Needs as a Function of the Number of Active PVC-funded CS Projects Presently Managed by PVO HQ Offices**

List of Projects	Number of Active CS Projects		
	One	Two – Four	Five or More
CWI Bangladesh	✓		
FOCAS Haiti	✓		
HAI Mozambique	✓		
IARA Mali	✓		
MCDI Madagascar		✓	
MCDI South Africa		✓	
MCI Honduras	✓		
PFD Cambodia	✓		
PSBI Philippines	✓		
PSI India		✓	
ARHC Bolivia	✓		
CRS Nicaragua		✓	
CRS India		✓	
WRC Cambodia			✓
IEF Ethiopia		✓	
AFRICARE Malawi			✓
AFRICARE Benin			✓
AFRICARE Tanzania			✓
PLAN India			✓
PLAN Senegal			✓
PLAN Nepal			✓
PLAN Ghana			✓
HOPE Guatemala			✓
HOPE Honduras			✓
HOPE Peru			✓
HOPE Malawi			✓
PCI Indonesia	✓		
ADRA Zambia			✓
ADRA Madagascar			✓
ADRA Yemen			✓
CARE India			✓
WVUS Ethiopia			✓
WVUS India			✓
WVUS South Africa			✓
WVUS Zambia			✓
WVUS Asia Pacific Region			✓
WVUS Cambodia			✓
SC Guinea			✓
SC Tajikistan			✓
SC Mali			✓

**Key to Table III-5: Expressed Needs as a Function of the Number of PVC-funded CS Projects Completed by a Project's PVO HQ Offices**

List of Projects	Number of Completed CS Projects		
	None	1 – 9	10 or more
CWI Bangladesh	✓		
FOCAS Haiti	✓		
HAI Mozambique	✓		
IARA Mali	✓		
MCDI Madagascar	✓		
MCDI South Africa	✓		
MCI Honduras	✓		
PFD Cambodia	✓		
PSBI Philippines	✓		
PSI India		✓	
ARHC Bolivia		✓	
CRS Nicaragua		✓	
CRS India		✓	
WRC Cambodia		✓	
IEF Ethiopia		✓	
AFRICARE Malawi		✓	
AFRICARE Benin		✓	
AFRICARE Tanzania		✓	
PLAN India			✓
PLAN Senegal			✓
PLAN Nepal			✓
PLAN Ghana			✓
HOPE Guatemala			✓
HOPE Honduras			✓
HOPE Peru			✓
HOPE Malawi			✓
PCI Indonesia			✓
ADRA Zambia			✓
ADRA Madagascar			✓
ADRA Yemen			✓
CARE India			✓
WVUS Ethiopia			✓
WVUS India			✓
WVUS South Africa			✓
WVUS Zambia			✓
WVUS Asia Pacific Region			✓
WVUS Cambodia			✓
SC Guinea			✓
SC Tajikistan			✓
SC Mali			✓

Key to Table III-6: Expressed Needs By Region

List of Projects	Asia and Near East	Anglophone Africa	Francophone Africa	Latin America and the Caribbean
CWI Bangladesh	✓			
FOCAS Haiti				✓
HAI Mozambique		✓		
IARA Mali			✓	
MCDI Madagascar			✓	
MCDI South Africa		✓		
MCI Honduras				✓
PFD Cambodia	✓			
PSBI Philippines	✓			
PSI India	✓			
ARHC Bolivia				✓
CRS Nicaragua				✓
CRS India	✓			
WRC Cambodia	✓			
IEF Ethiopia		✓		
AFRICARE Malawi		✓		
AFRICARE Benin			✓	
AFRICARE Tanzania		✓		
PLAN India	✓			
PLAN Senegal			✓	
PLAN Nepal	✓			
PLAN Ghana		✓		
HOPE Guatemala				✓
HOPE Honduras				✓
HOPE Peru				✓
HOPE Malawi		✓		
PCI Indonesia	✓			
ADRA Zambia		✓		
ADRA Madagascar			✓	
ADRA Yemen		✓		
CARE India	✓			
WVUS Ethiopia		✓		
WVUS India	✓			
WVUS South Africa		✓		
WVUS Zambia		✓		
WVUS Asia Pacific Region	✓			
WVUS Cambodia	✓			
SC Guinea			✓	
SC Tajikistan		✓		
SC Mali			✓	

Key to Table III-8: Expressed Needs by Project Start Year

List of Projects	1995	1996	1997	1998
CWI Bangladesh				✓
FOCAS Haiti			✓	
HAI Mozambique				✓
IARA Mali				✓
MCDI Madagascar			✓	
MCDI South Africa			✓	
MCI Honduras			✓	
PFD Cambodia				✓
PSBI Philippines				✓
PSI India			✓	
ARHC Bolivia			✓	
CRS Nicaragua		✓		
CRS India		✓		
WRC Cambodia				✓
IEF Ethiopia			✓	
AFRICARE Malawi	✓			
AFRICARE Benin			✓	
AFRICARE Tanzania			✓	
PLAN India	✓			
PLAN Senegal				✓
PLAN Nepal			✓	
PLAN Ghana			✓	
HOPE Guatemala			✓	
HOPE Honduras	✓			
HOPE Peru		✓		
HOPE Malawi				✓
PCI Indonesia	✓			
ADRA Zambia	✓			
ADRA Madagascar				✓
ADRA Yemen	✓			
CARE India				✓
WVUS Ethiopia	✓			
WVUS India				✓
WVUS South Africa	✓			
WVUS Zambia		✓		
WVUS Asia Pacific Region			✓	
WVUS Cambodia		✓		
SC Guinea				✓
SC Tajikistan				✓
SC Mali	✓			

**Key to Table III-9: Expressed Needs By Grant Type**

List of Projects	New Projects	Follow-on Projects
CWI Bangladesh	✓	
FOCAS Haiti	✓	
HAI Mozambique	✓	
IARA Mali		✓
MCDI Madagascar		✓
MCDI South Africa		✓
MCI Honduras	✓	
PFD Cambodia	✓	
PSBI Philippines	✓	
PSI India		✓
ARHC Bolivia		✓
CRS Nicaragua	✓	
CRS India	✓	
WRC Cambodia	✓	
IEF Ethiopia	✓	
AFRICARE Malawi	✓	
AFRICARE Benin	✓	
AFRICARE Tanzania	✓	
PLAN India	✓	
PLAN Senegal	✓	
PLAN Nepal	✓	
PLAN Ghana	✓	
HOPE Guatemala		✓
HOPE Honduras	✓	
HOPE Peru	✓	
HOPE Malawi	✓	
PCI Indonesia	✓	
ADRA Zambia	✓	
ADRA Madagascar	✓	
ADRA Yemen	✓	
CARE India	✓	
WVUS Ethiopia	✓	
WVUS India	✓	
WVUS South Africa	✓	
WVUS Zambia	✓	
WVUS Asia Pacific Region	✓	
WVUS Cambodia	✓	
SC Guinea		✓
SC Tajikistan	✓	
SC Mali	✓	