

**Child Survival Technical Support Project
Retrospective Consultant Satisfaction Survey**



Child Survival Technical Support Team

August 1999

Child Survival Technical Support Project Retrospective Consultant Satisfaction Survey

Prepared by:

CSTS

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I. Overview and Key Findings

A. Overview

In June 1999, the Child Survival Technical Support Team at Macro International, Inc. conducted a Retrospective Consultant Satisfaction Survey as part of its on-going efforts to ensure high levels of PVO satisfaction with consultants who are hired to support child survival programs. PVO respondents working in CS were asked to reflect on their past experiences with consultants for the purposes of assisting CSTS to determine the extent and nature of consultant services utilized to support child survival programs; to identify the areas that most influence PVO satisfaction with consultant services; and to identify specific consultants who have demonstrated excellence through their work with CS PVOs.

CSTS distributed the survey to PVOs both at the June 1999 Quality Improvement Workshop and via e-mail shortly thereafter. The information collected will be used to project potential requests for consultant assistance; to identify areas of excellence in child survival consulting; and to inform the content of the CSTS consultant database. All responses are confidential; no recommendations regarding any consultant are or will be attributed to any individual or PVO.

B. Key Findings

Overall, CSTS contacted 74 persons representative of 33 PVOs. CSTS received 25 responses representing 22 PVOs. The key findings of the survey are outlined below:

- Eight percent (8%) of respondents use no consultants over the life of a typical CS project.
- Eighty-four percent (84%) of respondents use 1-5 consultants.
- Eight percent (8%) of respondents use more than five consultants.
- the three most frequently indicated reasons for hiring a consultant were: monitoring and evaluation, baseline surveys, development / delivery of a training workshop.
- The least indicated reason for hiring a consultant was for organization development support.
- Technical skills was the area rated most important in relation to the other performance areas, while flexibility in addressing unexpected developments in the field was rated the least important.

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- The most frequent recommendations were for consultants specializing in technical interventions, training, and monitoring and evaluation.

Although CSTS has begun the process of adding these consultant recommendations to the CSTS / CORE Consultant Database (see 'Next Steps' for more details), CSTS remains open to PVO referrals of consultants on a continual basis.

The remaining sections of this report describe the methodology, findings, and next steps related to the Consultant Retrospective Study. Appendices include the survey instrument, information regarding the nature and extent of consultant services used, drivers of overall PVO satisfaction with consultants, and a complete list of recommended consultants.

II. Methodology

The survey was designed to elicit both qualitative and quantitative responses in such a fashion to yield valuable information while minimizing participant burden. The types of responses elicited ranged from numerical estimates, to yes/no responses, to rank order of importance, to open-ended questions. A copy of the survey instrument is included in Appendix A.

The Retrospective Customer Satisfaction Survey was distributed at the Quality Improvement Workshop at Macro International Inc. in Calverton, Maryland in June 1999. Following the workshop, the CSTS team identified the CS backstop personnel who did not attend the workshop, and disseminated the survey to them via e-mail for completion. The first e-mail sent on June 18, 1999 introduced the study, time lines for completion, and directions on how to return the information to CSTS. A 'reminder' e-mail was sent on June 23, 1999 to those who had not yet responded to encourage their input. CSTS sent another e-mail on June 28, 1999 to those who still had not responded to extend the deadline to July 2, 1999. A total of 25 responses, representing 22 PVOs were received by the July 2nd deadline.

Completed surveys were analyzed to determine frequencies of response and/or mean scores for quantitative questions. Content analysis was conducted to identify consultants recommended and areas of specialization. Identify general trends that impact PVO satisfaction with consultants and to identify individual consultants who PVOs would recommend. However, the sample size is too small to support cross-tabulations or other generalizations beyond those reported herein.

III. Findings

A. Nature and Extent of Consultant Services Used

Respondents were asked to estimate the number of consultants they utilize over the life cycle of a typical PVC-funded child survival project. Respondents were also asked to indicate the type of work they have hired consultants to do over the course of their present PVC-funded child survival project(s). (See Appendix B for raw data)

Overview of Results:

- Eight percent (8%) of respondents use no consultants.
- Eighty-four percent (84%) of respondents use 1-5 consultants.
- Eight percent (8%) of respondents use more than five consultants.
- The four most frequently indicated reasons for hiring a consultant were: mid-term or final evaluation, baseline surveys, development / delivery of a training workshop, and HIS development.
- The least indicated reason for hiring a consultant was for organization development support..

Table 1: Frequency of Consultant Use During a Project's Lifecycle

Estimated Number of Consultants Used (N=25)		
Number of Consultants	Number of Respondents	% of Respondents
0	2	8
1-3	16	64
3-5	5	20
More than five	2	8

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Table 2: Nature of Consultant Services Used

Nature of Consultant Services Used (N=25)		
Type of Work	Number of Respondents	% of PVOs
Mid-term or Final Evaluation	19	80
Baseline Surveys	17	68
Development or Delivery of a Training Workshop	12	48
HIS Development	11	44
DIP Development	8	32
Proposal Development	7	28
Child Survival Technical Intervention	5	20
Organization Development	1	4

B. Drivers of Overall PVO Satisfaction with Consultants

Respondents were asked - in general terms - to rank order the performance areas that were most important for technical assistance to their PVC-funded Child Survival Programs. Respondents rated these areas so that a "1" indicated the area that has been most important in determining PVO satisfaction, and "8" indicated the area which has been least important in determining PVO satisfaction. (See Appendix C for raw data)

Overview of Results:

- Technical skills was rated the most important area in relation to the other performance areas, while flexibility in addressing unexpected developments in the field was rated the least important.
- Three respondents ranked an area other than what was listed on the survey as most important in their overall satisfaction: 1.) A priori understanding of the local setting - the culture, health system, social organization, etc; 2.) The ability to empower CORE Teams in key CS implementation components, M&E and capacity building aspects such as improved ability to write proposals, DIPs, etc; 3.) Knowledge of on-the-ground project reality

Table 3 illustrates the average ranking of different performance areas that may drive their overall satisfaction with consultants.

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Table 3: Drivers of Overall PVO Satisfaction with Consultants

Drivers of Overall PVO Satisfaction with Consultants (N=20)	
Performance Area	Average Ranking
Other	1.00
Technical Skills	2.20
Ability to communicate effectively with field personnel and program beneficiaries	2.75
Ability to transfer practical information or skills to project staff	2.80
Ability to complete the task as outlined in the assigned scope of work	3.00
Ability to complete the assigned task in a timely manner	3.35
Ability to introduce useful innovative approaches or problem solving techniques to the program	4.10
Flexibility in addressing unexpected developments in the field	4.20

C. Recommended Consultants and Areas of Specialization

PVOs were asked to list the names of consultants they would recommend to other child survival projects. A complete list of consultants identified can be found in Appendix D. The CSTS team is in the process of adding these consultants to the CSTS / CORE consultant database. It is important to note that these are NOT the only consultants to be included in the database. CSTS will continue to add other recommended consultants on an on-going basis. The database is accessible to any PVO interested in more details about any individual.

The majority of respondents recommended consultants for others to hire for child survival projects; thirteen respondents provided the area(s) of specialization for the recommended consultants. Because this information was not formally asked to the respondents and only some of the respondents included the consultant area of specialization in their responses, the percentages and number of respondents are not included here. Table 4 summarizes the number of "mentions" attributed to different areas of specialization.

Overview of Results:

- The most frequent recommendations were for consultants specializing in technical interventions, training, and monitoring and evaluation.
- The least frequent recommendations were for medical doctors and consultants specializing in baseline surveys.

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Table 4: Areas of Specialization Attributed to Specific Consultants

Specializations Attributed to Specific Consultants (N=13)	
Area of Specialization	Number of Mentions
Technical Interventions	12
Trainer (various types)	9
Monitoring and Evaluation	7
Mid-term or Final Evaluation	6
Organization Development	5
IEC	4
Proposal / DIP Review	4
HIS	3
Medical Doctor	2
Baseline Surveys	2

IV. Next Steps

CSTS plans to take the following next steps with regard to the data obtained in this survey:

- 1. Update Consultant Database:** The names of the recommended consultants will be entered into the CSTS / CORE Consultant Database. This Consultant Database has already been established and is continuously updated in order to provide PVOs with quality CS consultants. Once PVOs have accessed the database via the CORE or CSTS websites, they can perform queries in order to find a particular consultant or consultants to meet their needs.

A consultant may add his or her own file to the consultant database via the world wide web. (Should this present any difficulty please contact CSTS for assistance).

Instructions for accessing the consultant database:

Log on to the following URL:

http://www.coregroup.org/consultantsearch_pw.cfm

Point the browser to "Add your biodata for Child Survival Consulting Positions". The form consists of four pages; the user must 'SAVE' at the bottom of each page in order to continue on to the next one. Consultants may update their files as necessary.

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2. **Integrate information from this study into ongoing CSTS quality assurance efforts:** The priority rankings will be integrated into the CSTS consultant evaluation forms, as well as the annual CSTS customer satisfaction study. The CSTS team will continually measure the evaluation forms against that which is important to PVOs and most impacts their satisfaction. Furthermore, CSTS will share the PVO rankings in this survey with consultants hired and attach the information to work scopes in order to communicate PVOs' values to them. The Consultant Evaluations will also enable CSTS to measure whether that which PVOs deem important in this survey agrees with their real experiences when sending consultants out into the field.
3. **Distribute study to PVOs:** CSTS will distribute this study to the CS PVO Community so that they might use the information as a tool for managing consultant relationships. This report will be posted as a Bookmark! on the CSTS website so that consultants may also read about PVOs' values as they edit or add their files on the CSTS / CORE Consultant Database.
4. **Internal CSTS Planning:** CSTS will use the information gathered in this survey to plan for potential consultant TA requests and project the potential number of consultants needed for different types of tasks.

Appendix A

**Retrospective Consultant Satisfaction
Survey Instrument**

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Retrospective Consultant Satisfaction Survey

June 1999

1. Over the life cycle of a typical PVC-funded child survival project, how many consultants do you estimate that you utilize (for new grantees, please provide an estimate of how many you project you will utilize)?

- A. None
- B. 1--3
- C. 3--5
- D. More than 5

ANSWER: _____

2. Please indicate below the letters which correspond with the type(s) of work you have hired consultants to do over the course of your present PVC-funded child survival projects. (list all that apply). Where indicated, please specify the nature of the technical assistance the consultant provided:

ANSWER: _____

- A. Proposal Development
- B. Baseline Surveys (e.g., KPC, Qualitative Studies)
- C. DIP Development
- D. Mid-term or Final Evaluation
- E. HIS Development
- F. Development/Delivery of a Training Workshop (please specify): _____
- G. Information Dissemination (please specify): _____
- H. Organization Development (please specify): _____

I. Child survival technical interventions (please specify): _____

J. Other (please specify): _____

3. Please rank below the areas of consultant performance in terms of how important they have been in determining your overall satisfaction with the consultants who have provided technical assistance to your PVC-funded Child Survival Programs. Rank each area by order of importance, where a "1" indicates the area that has been most important in determining your satisfaction, and a "8" indicates the area which has been least important in determining your satisfaction?

- ability to communicate effectively with field personnel and program beneficiaries
- technical skills
- ability to transfer practical information or skills to project staff
- flexibility in addressing unexpected developments in the field
- ability to complete the assigned task in a timely manner
- ability to complete the task as outlined in the assigned scope of work
- ability to introduce useful innovative approaches or problem solving techniques to the program
- other (please specify): _____

4. Please list below the names (and contact information, if possible) of any consultants you would recommend to other child survival projects, along with the types of services you feel those consultants are best qualified to provide. (Use the list of areas from question #2 above as a guide, but please add any additional areas that you feel are relevant. If you do not have contact information for this individual, please list the name and telephone number of a person CSTS can contact to get that information)
5. Please list below any additional comments you have regarding consultants you have used in the past to support child survival or related projects. (reminder: all responses to this survey are strictly confidential):

Appendix B
Data Matrix
Nature and Extent of Consultant Services Used

The "PVO" column on the table below is designed to maintain respondent confidentiality. A separate letter is assigned to each responding PVO. Multiple staff from PVOs 'A' and 'L' responded to the survey.

Nature and Extent of Consultant Services Used		
PVO	Number of Consultants	Type of Work
A 1	1-3	Mid-Term or Final Evaluation, HIS Development
A 2	1-3	Mid-Term or Final Evaluation, HIS Development
A 3	3-5	Mid-Term or Final Evaluation, Development/Delivery of a Training Workshop (Hearth Nutritional Rehabilitation & ARI Management)
B	More than 5	Proposal Development, Baseline Surveys or DIP Development, Mid-Term or final Evaluation, HIS Development, Development/Delivery of a Training Workshop
C	1-3	Baseline Surveys or DIP Development, Mid-Term or Final Evaluation, Organization Development (working with local governments to facilitate and optimize sustainability), Child Survival Technical Interventions (work with grandmothers)
D	1-3	None, yet
E	1-3	Mid-Term or Final Evaluation, HIS Development, Development/Delivery of a Training Workshop (community empowerment, IMCI, breast-feeding, PLA, qualitative research)
F	1-3	Proposal Development, Baseline Surveys, Mid-term or Final Evaluation, Development/Delivery of a Workshop (trainers from local partners and MOH regional/central staff)

Nature and Extent of Consultant Services Used		
PVO	Number of Consultants	Type of Work
G	1-3	Mid-term or Final Evaluation, {note: considering OD TA and looking for nutritional consultant for CS technical interventions}
H	1-3 or 3-5	Baseline Surveys, Other [Revision of Proposal, Revision of DIP]
I	1-3	Mid-term or Final Evaluation, HIS Development
J	3-5	Baseline Surveys or DIP Development
K	3-5	Mid-term or Final Evaluation, Development/Delivery of a Training Workshop (adult education), CS technical interventions (micro nutrients)
L 1	3-5	Proposal Development, Baseline Surveys or DIP Development, Mid-term or Final Evaluation, HIS Development, Development/Delivery of a Training Workshop, CS Technical Interventions (Safe Motherhood alarm and transport)
L 2	1-3	Baseline Surveys, Mid-term or Final Evaluation, Development/Delivery of a Training Workshop
M	none	NA
N	1-3	Baseline Surveys or DIP Development, Mid-term or Final Evaluation, Development/Delivery of a Training Workshop (topic related to a CS project implementation)
O	1-3	Proposal Development, Baseline Surveys or DIP Development, Mid-term or Final Evaluation, HIS Development, Development/Delivery of a Training Workshop (Nutritional Rehabilitation-Hearth)

Nature and Extent of Consultant Services Used		
PVO	Number of Consultants	Type of Work
P	3-5	Proposal Development, Baseline Surveys, DIP Development, Mid-term or Final Evaluation
Q	1-3	Baseline Surveys, Midterm Evaluation, HIS Development
R	1-3	Mid-term or Final Evaluation, HIS Development, Development/Delivery of a Training Workshop (participatory methodology/ adult learning), CS Technical interventions (nutrition, breast-feeding support groups ie Wellstart, pneumonia case management, vitamin A), Other (Hearth)
S	1-3	Proposal Development, Baseline Surveys, DIP Development, Mid-term or Final Evaluation, HIS Development, Development/ Delivery of a Training Workshop, Other (Quality Improvement Strategy)
T	not available	not available
U	more than 5	Proposal Development, Baseline Surveys, DIP Development, Mid-term or Final Evaluation, HIS Development, Development/ Delivery of a Training Workshop (IMCI, Quality assurance, Drug Management), CS Technical Interventions (perinatal education program PEP practicum design, credit insurance scheme)
V	1-3	Baseline Surveys or DIP Development, Mid-term or Final Evaluation

Appendix C

Drivers of Overall PVO Satisfaction with Consultants

Overall PVO Satisfaction with Consultants: PVOs A-J												
Performance Area	A 1	A 2	A 3	B	C	D	E	F	G	H	I	J
1. Ability to communicate effectively with field	5	1	1	1	2	*	1	2	4	4	*	1
2. Technical Skills	3	4	3	2	1	*	4	3	2	1	*	2
3. Ability to transfer practical information or skills to project staff	2	2	5	1	*	*	3	5	3	2	*	2
4. Flexibility in addressing unexpected developments in the field	4	5	4	4	*	*	2	6	6	3	*	2
5. Ability to complete the assigned task in a timely manner	6	6	6	2	*	*	5	4	1	3	*	3
6. Ability to complete the assigned task as outlined in the assigned scope of work	7	7	2	1	*	*	6	1	5	2	*	3
7. Ability to introduce useful innovative approaches or problem solving techniques to the program	1	3	7	1	3	*	4	7	7	3	*	5
8. Other **	*	*	*	*	*	*	*	*	*	*	*	1

Overall PVO Satisfaction with Consultants: PVOs K-V													
Performance Area	K	L 1	L 2	M	N	O	P	Q	R	S	T	U	V
1. Ability to communicate effectively with field personnel and program beneficiaries	*	7	7	*	1	6	2	2	1	2	*	4	1
2. Technical Skills	*	1	1	*	1	4	1	4	3	1	*	3	1
3. Ability to transfer practical information or skills to project staff	*	4	6	*	2	3	3	6	1	3	*	2	1
4. Flexibility in addressing unexpected developments in the field	*	5	5	*	2	7	4	7	4	3	*	7	4
5. Ability to complete the assigned task in a timely manner	*	2	4	*	3	2	3	8	*	2	*	5	2
6. Ability to complete the assigned task as outlined in the assigned scope of work	*	3	8	*	3	1	2	1	*	2	*	1	3
7. Ability to introduce useful innovative approaches or problem solving techniques to the program	*	6	3	*	4	5	2	5	3	4	*	6	3
8. Other **	*	*	*	*	1	*	*	1	*	1	*	*	*

*PVO did not respond to this question.

** J 8: A priori understanding of the local setting ie culture, health system, social organization, etc.

N 8: Ability to empower Core teams in key CS implementation components, M&E and capacity building aspects such as improved ability to write proposals, DIPs, etc.

Q 8: Knowledge of on-the-ground project reality.

Appendix D

Recommended Consultants

Judi Aubel
Frank Baer
Bill Billingsley
Gretchen Berggren
Susan Burger
Dr. Gil Burnham
Dr. Laura Caulfled
Rachel Chapman
Renee Charleston
Liliana I. Clement
Lydia Clemmons
Dilberth Cordero
Richard Crespo
Tom Davis
Marc DeBay
Lori DiPrete Brown
Margie Ferris-Morris
Sally Findlay
Stan Foster
Marc Daniel Gutekunst
Rudi Homer
Joan Jennings
Dr. Henry Kalter
Bonnie Kittle
Victor Lara
Amanda Madrid
Michael McDonald
Mary Anne Mercer
Jean Meyer Capps
Lynn Miller Franco
Dr. Chi Minh
Julie Mobley
Dr. Helga Morrow
Henry Perry
June Pierre-Louis
Ellen Piwoz
James Pfeiffer
Anne Ralte
Waverly Rennie

Marie Rubhart
Emanuel Rudat Sikira
Rene Salgado
Dr. Ben Schwartz
LaRue Seims
Irwin Shorr
Donna Sillan
Sudha Sivram
Sally Stansfield
Monique Sternin
Ann Thompson
Karunesh Tuli
Bill Weiss
Peter Winch
Lester Wright