In June 2019, the Child Health Task Force Secretariat conducted a survey in order to solicit feedback from its network of members on the Task Force’s progress, the subgroups they have participated in within the past six months, and ideas for future activities. The survey targeted the 575 Task Force members on the list serve. We reminded the members twice to complete the survey. Below is a summary of the collected responses.

**Demographics**

The survey received 38 responses out of the 575 respondents. The majority of respondents were from the US (21) followed by Nigeria (2) and the UK (2). The remaining respondents came from the Bangladesh, Yemen, Canada, Mali, Denmark, Ghana, India, Malawi, Somali, and Uganda. Half of the respondents were from non-governmental (NGO), community-based (CBO), and faith-based organizations (FBO) (19). The next two common affiliations were from a donor agency (7) and private sector/for-profit (4).

Thirty-five respondents (92%) had participated in at least one subgroup in the past six months, of which 25 (71%) were involved in multiple subgroups. Most had engaged in Institutionalizing iCCM (17), followed by Nutrition (13), and Private Sector Engagement (10).

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1 Some members participated in more than one subgroup.
Feedback on Task Force

The survey provided the Task Force’s goal and value add statement, immediately followed by two statements for respondents to rate on a scale from 1 (strongly disagree)—4 (strongly agree). Twenty-four out of 38 respondents (63%) agreed or strongly agreed with the statement that the Task Force is on track to achieve its goal. Using the same scale, 25 respondents also agreed or strongly agreed (66%) with the statement that the Task Force is heading in the right direction.

Respondents had the option to elaborate on their rating with a write-in explanation. For the statement regarding the Task Force being on track to achieve its goal, respondents cited several positive reasons, touching on the convening of stakeholders, the exchange of information and quality discussions, and the formation of subgroups. In particular, respondents most frequently mentioned the provision of a platform to engage child health stakeholders:

“The platforms set up to achieve, [they] encompass global technological and developmental areas that are key and well aligned in accelerating the achievements and goals of the task force.”

“Providing a platform for sharing and get update of recent updates, exchange of views, coalition of child health stakeholders.”

“The broad network of professionals and advocates and its knowledge management service.”

Comments relating to needed improvements for the Task Force included a lack of direct action:

“The topics of focus are good. However, there seems to be less focus on direct action - some of this is because TF members/organizations don't have the funding to commit time and resources.”

“The working groups are exchanging information but perhaps not strongly influencing policy and practice.”

Respondents also commented that the Task Force should focus more on the country-level:

“Work in subgroups have been mostly on understanding the goals of the subgroup and the members sharing work they might be doing in the area. It does not feel like there are concrete actions taken to coordinate work among institutions and to translate this to the country level.”

“Attempts to convene key stakeholders are commendable. Helping country partners is a greater challenge.”

“More direct engagement with countries to hear and address their needs.”

Some respondents commented that they have not been engaged enough to be able to comment in detail.
For the second statement that the Task Force is headed in the right direction, respondents wrote positive remarks related to member participation and commitment:

“Yes, good participation and lots of on-going correspondence.”

“The division of mandates to different subject matter experts indicates increase participation and thus taking the right direction.”

Respondents also commented on the Task Force’s platform:

“It is acting as a platform of coalition of child health stakeholders.”

“Different people with different level can access here to give out idea and possible to innovate new assistance program/tools about a child health task force.”

“I think the focus on knowledge is important and realistic in terms of resources available - in contrast to CHTF as country implementer.”

Comments indicating that the Task Force needed to shift its direction were varied and included duplication of activities of existing child health groups, e.g. PMNCH, to more work needed on child health monitoring and evaluation/child health indicators to the overall structure of the subgroups. Several respondents wrote on the need for more funding, planning, and infrastructure:

“This task force needs greater funding and support for central management, and should depend less on volunteerism.”

“Not clear how activities undertaken in the subgroups lead to the goals. A work plan and timeline are missing to guide the subgroup and its members to achieving the goals.”

The Secretariat function was under the USAID-funded Maternal and Child Survival Program (MCSP) which allowed the Task Force to leverage both the technical expertise and infrastructure of MCSP to support Task Force activities. In elaborating on the performance rating, respondents provided comments that should inform vision setting for the Steering Committee and Secretariat. In some cases, respondents show a lack of understanding or have higher expectations from the Secretariat and Task Force than current funding and institutional arrangements permit. The need for funding for subgroups activities, for example, is a recurring theme.

“No funding, no annual plan, unclear infrastructure. You are combining different projects and funding and calling them Task force activities.”

“What has the task force done besides MCSP programs and hold meetings?”

“Help in raising awareness of our subgroup’s mission, identifying new members, increasing active participation in meetings, and a small amount of funding for the subgroup chairs to fulfill their tasks.”

“An independent secretariat that is not implementing projects, a clear infrastructure, a member-led workplan with activities that are generated by members, with clear objectives of who is implementing”

Expectations (What is in it for me?)

Respondents were asked what they expected to receive by participating in the Task Force. The top three expectations included the following:

Networking and connecting across organizations

“Connection across organizations, technical updates, participation in important conversations”
“To contribute to the Task Force’s goal. Networking. Learning about other’s work/programs. Identifying potential collaborations at global/regional/country level to strengthen the delivery of programs.”

“Connections with other stakeholders, esp. at country level, whom I otherwise wouldn’t have collaborated with; sharing of emerging evidence/learning.”

“Collaborations with child health experts and working together to improve maternal, newborn and child health.”

**Learning opportunities**

“Gain and share knowledge and insight on current issues in child health programming”

“Knowledge update and sharing of experience/learning”

“Knowledge and learnings about best practices in iCCM and child health interventions.”

**Creating positive change**

“I expect to get the latest information on implementing iCCM and best practices strategies on iCCM from different countries and feedback from research done.”

“To be part of the solution for child health and wellbeing”

“Improve and sustain for the child health Programs in order together met the strategy for 2030”

### Future Activities Suggested by Respondents

<table>
<thead>
<tr>
<th>Top 4 Suggested Activities for the Task Force</th>
<th>Top 4 Responses on Activities that Funders would Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training/workshops</td>
<td>1. Technical Support</td>
</tr>
<tr>
<td>2. Resource Mobilization</td>
<td>2. Knowledge Management</td>
</tr>
<tr>
<td>3. Technical Assistance</td>
<td>3. Service Delivery</td>
</tr>
</tbody>
</table>

Several respondents commented that the Task Force should focus on activities that included implementing pilots, conducting research, south-to-south exchanges, and nutrition support groups. Many cited activities involving the following four topics: **training/workshops, resource mobilization, technical assistance, and advocacy.**

Similarly, for activities that funders are likely to support, respondents wrote in responses that touched a variety of ideas. The four most common responses were on **technical support, knowledge management, service delivery**, or that the **respondent did not know.**

### Discussion & Conclusion

This is the first of what we hope will be a series of annual pulse checks. While the survey response rate of around 6% is low, the collected responses provide a benchmark to measure future participation, expectations, views about achievements against set goal and overall direction of the Task Force.

Overall, the feedback indicates that respondents consider the Task Force a valuable network with potential to advance the child health agenda among its members by sharing and sharpening programs based on available evidence. Task Force members also have perceived gaps between the goals and objectives and tangible
outputs and outcomes. Taking this as an opportunity to build a Task Force that is fit for purpose, the Secretariat and the Steering Committee (SC) should use the feedback to inform specific actions. For example, how to ensure that the technical discussions across subgroups (the learning agenda) translates into active shaping of child health policy and practice. Similarly, respondents question whether the Task Force is currently living out its value add statement for example, taking collective action at the country level. This should be addressed in order to build confidence of stakeholders in the network.

To inform action, some of the feedback statements have been reframed into opportunity areas as “how might we?” statements (See Annex A). We propose to explore these and take action ranging from improving communication of the Task Force’s operational structure to involving members in, for example, resource mobilization for joint activities through subgroups.
### Annex A: Selected “how might we?” statements framed from the responses to the Pulse Check questions

<table>
<thead>
<tr>
<th>Statement</th>
<th>Pulse Check Response</th>
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</thead>
</table>
| ➢ *How might we align structure and function in order to achieve the mandate of the Task Force?* | • An independent secretariat that is not implementing projects, a clear infrastructure, a member-led workplan with activities that are generated by members, with clear objectives of who is implementing?  
• Fundraising would be more beneficial if a workplan and timeline were developed to assess whether additional resources are needed to achieve the goals that have been set by the subgroups and the Task Force. |
| ➢ *How might we act at the country and global levels in order to show our unique value add?* | • Work in subgroups have been mostly on understanding the goals of the subgroup and the members sharing work they might be doing in the area. It does not feel like there are concrete actions taken to coordinate work among institutions and to translate this to the country level.  
• The working groups are exchanging information but perhaps not strongly influencing policy and practice. |
| ➢ *How might we move from knowledge sharing to action to advance the child health technical agenda?* | • More work should be done to revise/update Child Health Indicators.  
• More work should be done regarding Child Health Monitoring and Evaluation.  
• This Task Force needs greater funding and support for central management, and should depend less on volunteerism. |
| ➢ *How might we move from being reactive to inform and influence policy?* | • Analytic work done to some accepted CHTF standard, on a country-by-country basis. Policy recommendations, again on a country basis. Indicator support, again on a country basis.  
• Increased advocacy and promotion of innovation to country MOHs and WHO.  
• More direct engagement with countries to hear and address their needs.  
• Provide fora for bringing together groups who are working on similar approaches across countries to identify gaps in evidence and next steps. |
| ➢ *How might we mobilize resources for targeted Task Force Activities?* | • Integration of plans and budgets with global funding sources for pilots like the innovations grants from RHSC including a Global Meeting in Africa, Asia, or Latin America; South-South exchanges.  
• Help in raising awareness of our subgroup’s mission, identifying new members, increasing active participation in meetings, and a small amount of funding for the subgroup chairs to fulfill their tasks. |
Annex B: Pulse Check Survey Questions

1. What best describes your organization?
   a. Academic/research
   b. Donor agency-bilateral
   c. Donor agency-multilateral
   d. Private foundation
   e. Government (e.g. Ministry of Health)
   f. NGO, CBO, FBO
   g. Private sector/ for-profit
   h. Other

2. Where are you based? Please list the country.

3. Which subgroup(s) have you participated in the last six months? Check all that apply
   a. Emergencies and humanitarian settings
   b. Digital Health
   c. Expansion of the Child Health Package
   d. Financing and Resource Planning
   e. Implementation Science
   f. Institutionalizing iCCM
   g. Monitoring and Evaluation
   h. Nutrition and Child Health
   i. Private Sector Engagement
   j. Commodities

4. Rate your response to the following statement: The Task Force is on track to achieving its goal.
   (Strongly Disagree) 1 2 3 4 (Strongly Agree)
   Please tell us why you think so.

5. Rate your response to the following statement: The Task Force is heading in the right direction.
   (Strongly Disagree) 1 2 3 4 (Strongly Agree)
   Again, please elaborate why.

6. What do you expect to get by participating in the Task Force?

7. What activities do you think would be most appealing to donors?