



# Pulse Check Survey Summary of Results

2020

[www.childhealthtaskforce.org](http://www.childhealthtaskforce.org)

In August 2020, the Child Health Task Force Secretariat conducted its second annual members' 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 12 months, and their rating of Task Force activities, resources, and support offered. The survey targeted 777 Task Force members on the listserv. Below is a summary of the collected responses.

## Demographics

The survey received 63 responses from 23 different countries. The majority of respondents were from the US (28) followed by Nigeria (4) and Canada (4), then Uganda (3). The remaining respondents came from Burkina Faso, Chad, Ethiopia, Sierra Leone, Ghana, Haiti, India, Kenya, Mali, Pakistan, Senegal, Solomon Islands, Somalia, Spain, Switzerland, Syria, Tanzania, UK, and Zimbabwe. More than half of the respondents were from non-governmental (NGO), community-based (CBO), and faith-based organizations (FBO) (37). The next two common affiliations were from a donor agency-bilateral (6) and academia/research-based organizations (6).

Fig. 1: RESPONDENTS' LOCATION

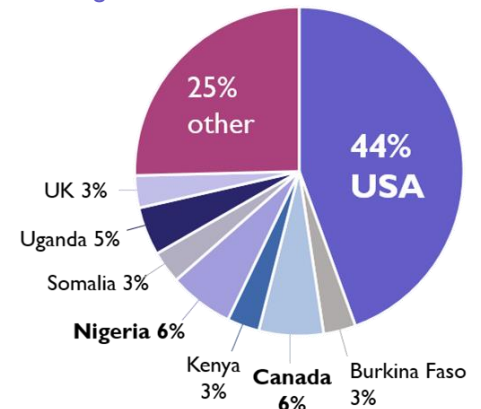
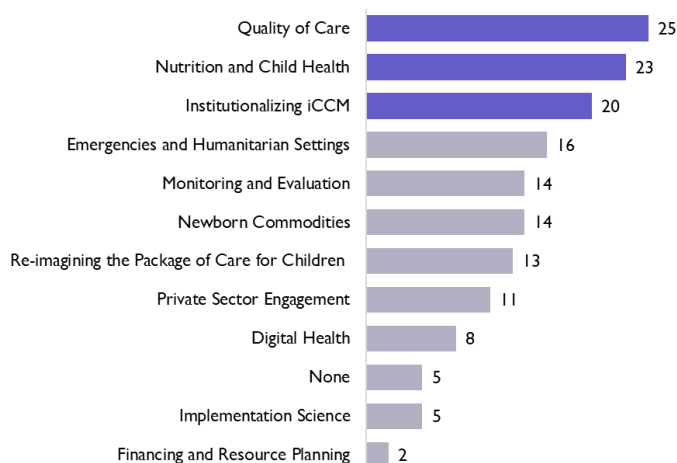


Fig. 2: NUMBER OF RESPONDENTS INVOLVED IN EACH SUBGROUP WITHIN THE PAST 12 MONTHS



Fifty-eight respondents participated in a subgroup within the past 12 months (92%). Of those individuals, 46 had participated in more than one subgroup (79%). Participation was highest in the following subgroups: Quality of Care (25); Nutrition and Child Health (23), and Institutionalizing iCCM (20).

# Feedback on the Progress of the Task Force

## PROGRESS TOWARD THE TASK FORCE'S GOAL

The survey provided the Task Force's goal<sup>1</sup> and asked respondents to rate on a scale from 1 (strongly disagree)—4 (strongly agree) the following statement: "The Task Force is on track to achieving its goal." Forty-three respondents (68%) agree or strongly agree with the statement, which is slightly higher than the previous year's response (63% agree or strongly agree).

Respondents had the option to elaborate on their rating with a write-in explanation. Respondents cited several reasons why the Task Force is on track including: consistently sharing evidence on child health programming through webinars and articles/publications, increasing the diversity of voices and quickly adapting the webinars and resource sharing to the response to the COVID-19 pandemic. Reviving and renaming the Expansion of the Child Health Package subgroup is another example cited to indicate a deliberate effort to address the goal of the Task Force:

*"I've been very impressed with how the Task Force has been responsive to the needs for knowledge sharing and connection in the COVID context while still keeping its eyes toward the larger goal."*

*"I feel like the TF has done a great job in terms of creating a platform for sharing best practices on topical issues in the child health area..."*

*"Some excellent webinars on Covid-19 and child health and I find the compendium of recent articles helps me stay up-to-date. Happy that subgroup rethinking the child health package has been reconstituted..."*

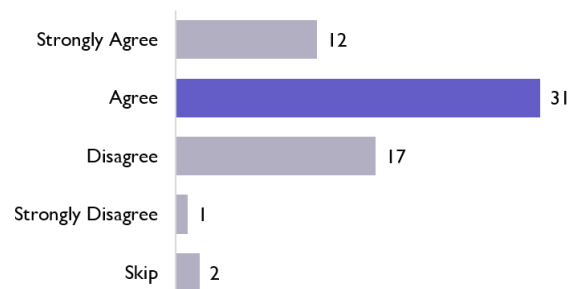
Those respondents who rated the Task Force as off track, cited issues such as a lack of activity plans supported by a Gantt chart; disparity between the amount of information shared and action taken at the country level; and the large number of subgroups of which some are inactive:

*"Lots of great webinars but that doesn't necessarily equate to strengthening CH programs. Requires more engagement and support on regular basis, which the task force has not shown to do and there is strong bias towards the big organizations and less attention/support to smaller groups. It is very frustrating."*

*"No clear road map/timeline/Gantt chart/logframe that specifies what activities are needed to reach goals, what are expected outputs of these activities, etc., both within each subgroup and across subgroups to reach overall common goals..."*

*"Some groups are active and some need a boost. It would be good if all the groups are asked to go back and look at their work plan"*

Fig. 3: "THE TASK FORCE IS ON TRACK TO ACHIEVE ITS GOAL" RESPONDENT RESPONSES



<sup>1</sup> The Goal of the Task Force: To strengthen equitable and comprehensive child health programs - focused on children aged 0 to 19 in line with Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.

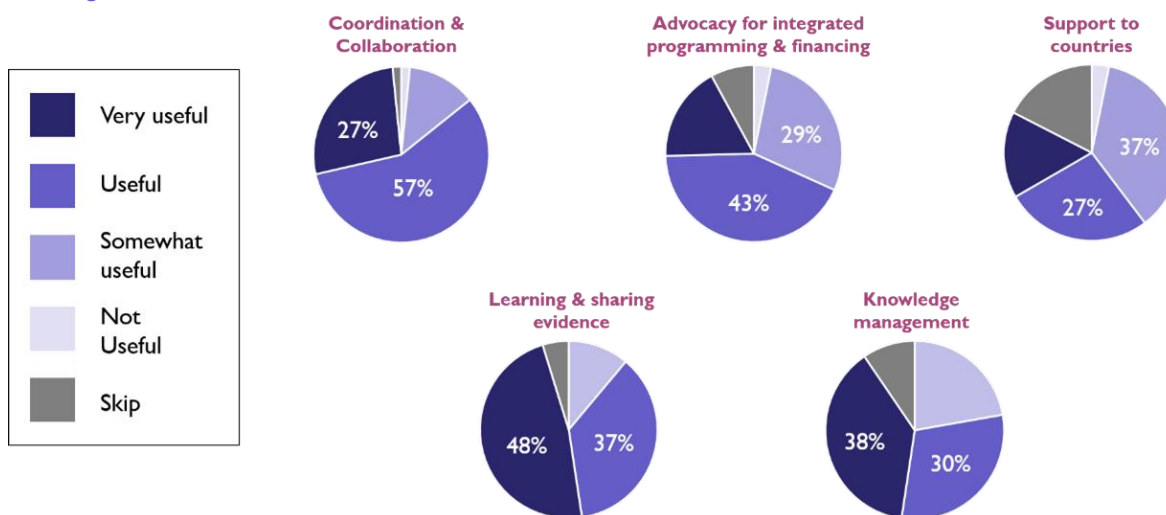
There were also new members among the respondents who indicated unfamiliarity with the goal and specific activities.

Lastly, respondents suggested ways to increase progress including establishing term limits and criteria for selecting subgroup co-chairs, consolidating or eliminating some subgroups, regularly sharing a calendar of events, extending partnership to as many LMIC institutions as possible, reminding the members about the goal and activities more often, etc. The collaboration between the Institutionalizing iCCM subgroup and UNICEF on the iCCM Task Team was also cited as an example of the type of work the Task Force should continue to ensure countries have comprehensive child health plans.

## USEFULNESS OF THE TASK FORCE'S WORK

Respondents were also asked to rate, on a scale from 1 (not useful)–4 (very useful), the five themes of the Task Force's work: 1) coordination and collaboration on child health; 2) advocacy for integrated programming and financing; 3) support to countries; 4) learning and sharing evidence on child health programming; and 5) knowledge management (KM). For each theme, the majority of respondents selected very useful, useful, or somewhat useful. In particular, 53 respondents rated learning and sharing evidence (85%), and coordination and collaboration (84%) as useful or very useful. This response is consistent with the naming of evidence and information sharing above as the key indicator of progress towards the achievement of the Task Force's goal. Thirty respondents (48%) rated the Task Force as very useful in learning and sharing evidence.

Fig. 4: RESPONDENT RESPONSES ON USEFULNESS OF THE TASK FORCE'S AREAS OF WORK



Respondents were then asked to provide an explanation or example of useful work to support their response. The webinars and curated resources, including the webpage related to COVID-19, were cited as useful across all five themes. Examples of work cited as useful under coordination and collaboration included:

- (1) The Private Sector Child Health and Nutrition Research Initiative (CHNRI) for IMCI, by the Private Sector Engagement (PSE) subgroup
- (2) Contributing to revising the Demographic and Health Survey (DHS) modules by the M&E subgroup

- (3) Working with the iCCM Task Team to support countries in their applications to the Global Fund by the Institutionalizing iCCM subgroup
- (4) Collaborating with the Quality of Care (QoC) Network for MNCH by the QoC subgroup

Respondents explained their ratings of the **learning and sharing theme** with words like ‘exceptional,’ ‘fantastic’ and ‘excellent,’ highlighting this area:

*“This has been an area of strength by the task force”*

*“Strongly on track with implementation community knowledge sharing network or community of practice”*

*“I learned what the quality [of child health services] indicators are”*

Under the **KM theme**, respondents cited the bi-weekly journal digest and the website as examples of useful materials. Comments on KM included:

*“I count on CHTF as a resource”*

*“Very helpful in knowledge management and sharing”*

*“Enjoyed sharing of experiences from variety of organizations in webinars; work to redesign TA also very interesting and useful”*

Among the deficiencies pointed out, respondents mentioned difficulty in searching for/navigating information on the website, and frequently cited the lack of resources in French as a gap affecting the usefulness of the Task Force’s work to members from Francophone countries.

The themes of advocacy and support to countries ranked lower on usefulness with respondents, indicating that they were not aware of specific work under these themes.

Under the **advocacy theme**, the [integration paper](#)<sup>2</sup> developed by the Secretariat and the Institutionalizing iCCM Subgroup’s work with UNICEF through the iCCM Task Team were frequently cited as examples of useful activities, while members also urged that follow-up action should be taken. Similarly, under the **theme of support to countries**, respondents highlighted technical guidance and country updates as examples of useful support that the Task Force provides, while also noting the lack of action and the need to engage more LMIC countries.

*“CHTF is still finding its footing in this [support to countries] regard, it seems.”*

## USEFULNESS OF NEW RESOURCES & SUPPORT OFFERED

Within the past year, the Task Force introduced new resources to enhance communication and support members’ work. More recently with the outbreak of COVID-19, the Task Force also began offering COVID-19 specific resources to assist members in their work ensuring countries continue to provide essential, life-saving services for children. The survey aimed to gauge the usefulness of these new activities and asked respondents to rate them on a scale from 1 (not useful)–4 (very useful). The resources and support included a quarterly newsletter; bi-weekly digest of recently published child health journal articles; COVID-19 webpage; COVID-19 webinars; and COVID-19 resource round up emails. Similarly, in each category the majority of

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<sup>2</sup> Synthesis of Findings on Integrated Packages for Child Health Services: A Position Paper, February 2020

respondents selected very useful or useful with the top two resources being the quarterly newsletter (53 respondents, 84%) and the bi-weekly digest (52 respondents, 82%). Notably, more than half of the respondents (33, 52%) rated the bi-weekly digest as very useful.

Some respondents provided explanations on their rating of the newsletter, the bi-weekly digest and COVID-19 resources:

*“The topics covered have been excellent and timely. There is so much information coming, and the webinars help to generate discussion that cuts through all the noise.”*

*“Information received timely, reaches wider coverage and easily access anywhere.”*

Words used in reference to the newsletter and bi-weekly digest include ‘super helpful,’ ‘interesting and helpful,’ ‘excellent,’ and ‘extremely interesting.’ Overall, the COVID-19 resources were deemed useful, but considered limited in providing country guidance. In addition, the lack of resources in French was repeated as a limitation. Lastly, a few respondents indicated feeling overwhelmed by the number of COVID-19 webinars.

Respondents suggested ways to optimize new resources and services that could be shared or provided:

- Provide a monthly summary of activities
- Collaborative research support (assumed at country level)
- Calls for expressions of interest by donors
- Online training, access to the most up-to-date child health service standards, IMCI & iCCM guidelines
- Engage [more] people representing government structures on this platform
- Discuss with country Technical Working Groups or MOHs to explore needs and how the Task Force can support without country presence
- Organize conferences for members to promote cross-country sharing experiences
- Encourage more involvement of LMIC organizations
- Provide documents and courses in French
- Choose a focal point at a country level to act as liaison with MOH





## Discussion & Recommendations

The second annual Child Health Task Force members' survey provides a milestone in understanding the value of the Task Force and resources offered to members. The response rate of eight percent (8%) remains low, although we recorded a small increase of two percentage points (2%) from the previous year.

- In planning of future surveys, the Secretariat will include mechanisms for increasing the response rate like involving co-chairs and an option for respondents to enter a lottery to win sponsored prizes in line with other organization's practices.

The membership has grown from 575 during the time of the last survey to 777, and country-based child health stakeholder participation in subgroups has increased. The webinars and resources shared to address the COVID-19 pandemic has contributed to this increase.

- The Task Force will clarify expectations and find innovative ways of engaging country level stakeholders, e.g. through the national Child Health Technical Working Groups, to understand the needs and priorities of child health programs and clarify how the Task Force can be an effective partner in addressing them. In addition, the Secretariat will aim to include country-based stakeholders as co-chairs of subgroups.
- Related to the increased participation, non-English speakers, specifically French speakers, have highlighted a language gap since the Task Force does not always provide translation services. Where possible, the Secretariat should include translation and the French version of the Task Force's website and resources should be promoted more widely.

Overall, the feedback indicates that respondents consider the Task Force a valuable mechanism for coordinating and collaborating for effective child health programs. The majority of respondents believe the Task Force is on track to achieving its goal.

- The Secretariat should share the Task Force's goal, themes of work, and ways of working on an ongoing basis to ensure that new members are aware of all opportunities for participation. Further action is needed to make subgroups more effective, including consolidation and/or elimination.
- The Task Force leadership (SC and Secretariat) should increase action and report progress under the themes of advocacy and supporting countries, including having more voices of LMIC stakeholders represented. This inclusion will require addressing the language barrier and continuing to publicize all opportunities and the process for becoming a subgroup leader and overall participation in Task Force activities.

The COVID-19 pandemic presented a challenge and an opportunity that the Task Force has used to advance child health by sharing specific resources and expanding its reach. Additions of the newsletter, biweekly journal digest, and curated COVID-19 resources enhanced access to information among members.

- Moving forward, the Secretariat effort should focus on sharing resources and approaches to mitigate disruptions to and restoring essential health services.

A limitation of the anonymous survey is that respondents are not probed to clarify the feedback provided (e.g. issues with the website, perceived bias towards some organizations, etc.).

- The Secretariat and subgroup co-chairs should use subgroups and Task Force-wide teleconferences to clarify expectations and communicate available resources and opportunities for participation, including assuming leadership of subgroups. The list of suggestions to improve participation and effectiveness above is a good starting point.

## Conclusion

This survey provides a second benchmark to gauge participation, expectations, and views about the Task Force. The Steering Committee should use this feedback to sharpen the vision and recommend practical strategies to improve the effectiveness of this network in responding to changing needs of children.



## Annex A: 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 12 months? Check all that apply
  - a. Child Health in Emergencies and humanitarian settings
  - b. Child Health and Newborn Commodities
  - c. Digital Health
  - 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. Re-imagining the Package of Care for Children (formerly Expansion of the Child Health Package)
  - k. Quality of Care
  - l. None of the above
4. ***The Goal of the Task Force:*** *To strengthen equitable and comprehensive child health programs - focused on children aged 0 to 19 in line with Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.*
  - a. 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)
  - b. Please explain your rating and share any suggestions on what the Secretariat can do differently to facilitate the achievement of this goal.
5. During the past 12 months, in your opinion, how useful has the Task Force been in the following areas of work? (Not Useful) 1 2 3 4 (Very Useful)
  - a. Coordination and collaboration on child health.  
Please provide an explanation or example for your response.

