



Pulse Check Survey Summary of Results

2021

www.childhealthtaskforce.org

In October 2021, the Child Health Task Force Secretariat conducted its third annual members' survey in order to solicit feedback from its network of members. The survey requested feedback on the Task Force's progress towards meeting its goal and its usefulness to members across its five themes, including specific resources, meetings, and support offered. The survey also asked members about their participation in the subgroups over the last 12 months, their use of the website, and how their respective organizations could be involved in implementing the Task Force strategic plan. The Secretariat sent the survey (Annex A) to the 2,056 Task Force members on its listserv of which, 1,904 emails were successfully delivered. Below is a summary of the collected responses.

Respondent Demographics

The survey received 126 responses from 35 different countries, one percentage point below the previous year's response rate. The majority of respondents were from the US (23), closely followed by Nigeria (22), then Uganda (10). The remaining respondents came from Argentina, Bangladesh, Benin, Brazil, Burkina Faso, Canada, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Iraq, Japan, Jordan, Kenya, Liberia, Malawi, Mali, Myanmar, Nepal, Nicaragua, Philippines, Rwanda, Senegal, Somalia, South Africa, South Sudan, Switzerland, UK, Yemen, Zambia, and Zimbabwe. Compared to the previous year's survey that had nearly half (44%) of its respondents from the US, this year had significantly more participation from a range of countries. Around a third of respondents were from international non-governmental organizations (INGO) or global faith-based organizations (FBO) (37). The next two common affiliations were from academia/research (24) and local NGOs/community-based organizations (CBO)/ FBOs (17).

One-hundred and twenty-four respondents participated in a subgroup within the past 12 months (98.4%), which is a 6.4 percentage point increase from 2020. Of those individuals, 88 had participated in more than one subgroup (70.9%). Participation was highest in the following subgroups: Quality of Care (63); Nutrition and Child Health (55); and Child Health in Emergencies and Humanitarian Settings (41).

FIGURE I. Respondents' Location

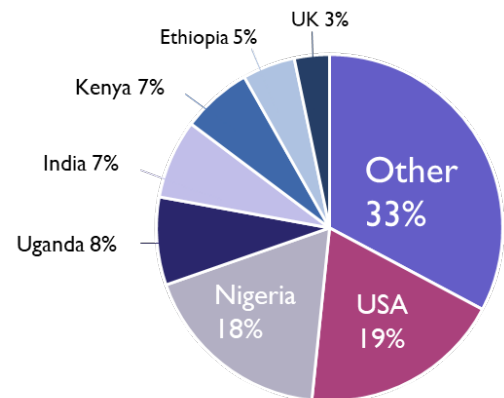
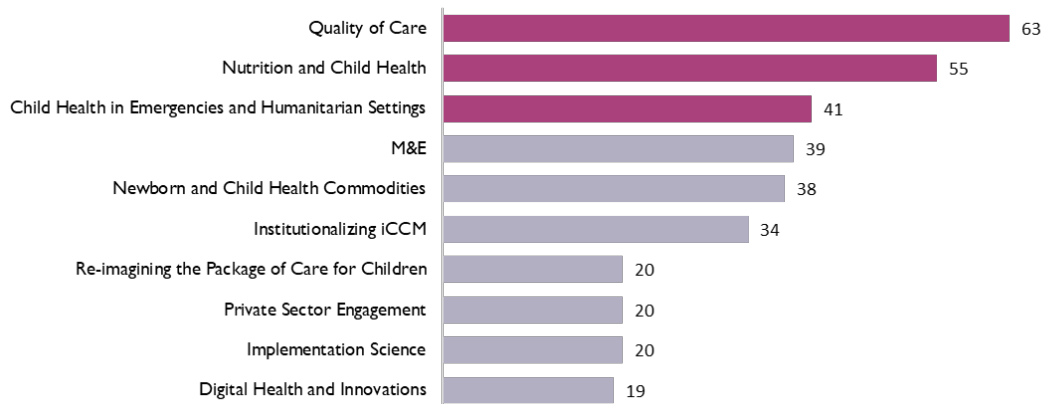


FIGURE 2. Number of respondents involved in each subgroup within the past 12 months



Members’ Feedback on the Progress of the Task Force

Progress toward the Task Force’s Goal

The survey provided the Task Force’s goal and asked respondents to rate on a Likert scale from 1 (strongly disagree)–5 (strongly agree) the following statement: “The Task Force is on track to achieving its goal.” Ninety-five respondents (75%) agree or strongly agree with the statement, which is slightly higher than the previous year’s approval response (68% agree or strongly agree).

Respondents had the option to elaborate on their rating with a write-in explanation.

Overall, the comments agree with the quantitative results. Respondents who considered the Task Force to be on track cited the strong collaboration and coordination, creating opportunities for learning and sharing evidence as markers of progress towards the goal. In addition, respondents noted the growing membership and regular convening of events. They also mentioned that despite the goal being broad and ambitious, specific steps, including the development of the strategic plan, are being taken to move towards tangible action.

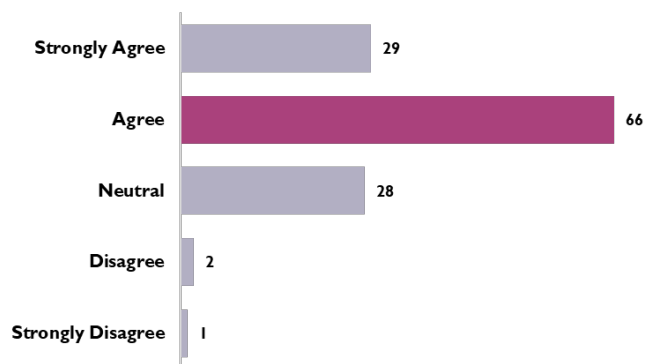
“TF is moving along bringing partners together to a consolidated vision for child health. As part of that, it is engaging more country-based members and policy makers.”

“CHTF is the most goal-oriented of the (many!) task forces and groups in which I participate.”

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’ (WCA) Health (2016–2030)— through primary health care, inclusive of community health systems.

FIGURE 3. “The Task Force is on track to achieve its goal” responses



“Broad yet practical thinking.”

Those who are neutral or disagree based their rating on the lack of data to show the progress, the unfunded ambitious goal and plans, and the limited engagement with LMIC where actual strengthening of programs should happen.

“...a lot of talking and information exchange not much change in practice.”

“There are many ambitious goals but moving from setting them to making them happen is a challenge and requires resources.”

“This is a pretty lofty goal and without evidence of evaluation I have no way of knowing if programs were strengthened or not.”

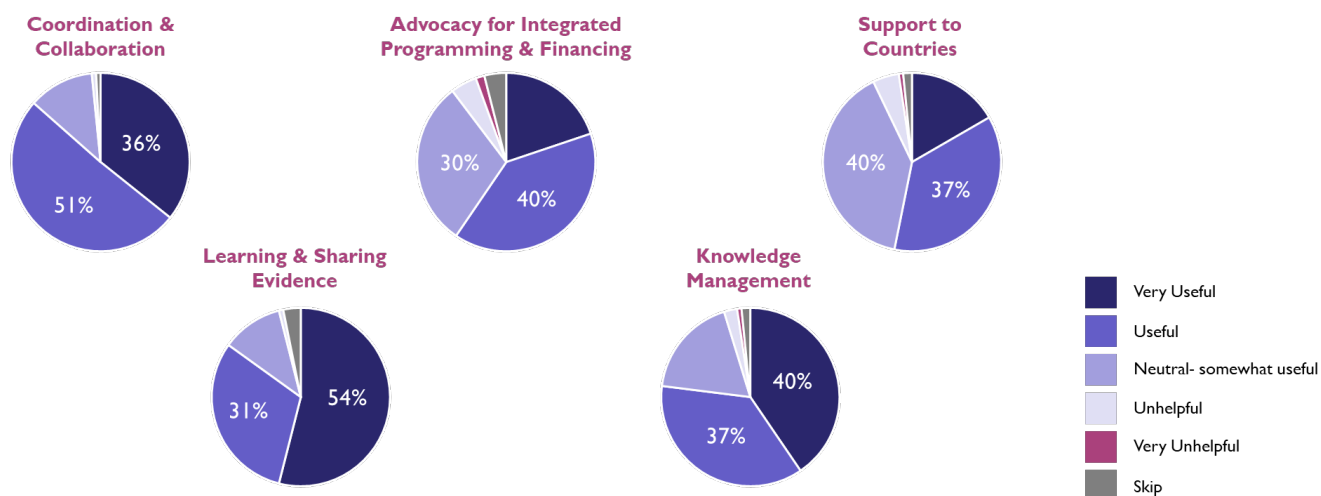
Respondents provided suggestions on how to accelerate progress towards the goal:

1. Set measurable goals in all the thematic areas with data as evidence of progress.
2. Accelerate introduction and institutionalization of quality improvement standards for the community level
3. Facilitate national level engagement of the civil society, community representatives, and professional associations.
4. Support capacity building at the national and subnational level to strengthen coordination and allocate resources to integrate innovations in child health programs
5. Include dissemination of experiences from translating knowledge/evidence/tools shared through the Task Force into policy and programs.

Usefulness of the Task Force’s Work

Respondents were also asked to rate, on a Likert scale from 1 (very useless)–5 (very useful), the five themes of the Task Force’s work, including coordination and collaboration on child health; advocacy for integrated programming and financing; support to countries; learning and sharing evidence on child health programming; and knowledge management. In each theme, the majority of respondents selected very useful or useful. Similar to the 2020 survey, the themes **coordination and collaboration** and **learning and sharing evidence** were highly rated. One hundred and nine respondents (87%, four percentage points

FIGURE 4. Respondent Responses On Usefulness of the Task Force’s Areas of Work in 2021



higher than 2020) rated coordination and collaboration as very useful or useful and 107 respondents (88%, three percentage points higher than in 2020) rated learning and sharing evidence as very useful or useful. Notably, more than half of respondents (56%, six percentage points higher than in 2020) rated the **learning and sharing evidence as very useful**. The lowest rated theme was support to countries; however, 67 respondents (54%, three percentage points higher than 2020) still rated it very useful or useful. Forty percent were neutral and found the Task Force neither particularly useful nor unhelpful in its support to countries. Figure 4 illustrates the breakdown of respondents' ratings across all five themes.

The comments and explanatory notes provided by respondents indicate that all the five themes are relevant to the Task Force's goal and work.

Respondents' comments reflect a recognition of **coordination and collaboration, learning and sharing evidence, and knowledge management** as the backbone of what the Task Force does well. Respondents commented on the timeliness and high quality of resources shared by the Task Force like the newsletter and evidence on school health. Examples of strengthening collaboration and coordination included the Task Force's ability to:

1. Engage experts through the co-hosted a webinar series with the Network for Improving Quality of Care for Maternal, Newborn and Child Health;
2. Contribute to specific exercises like the DHS and SPA revisions;
3. Share and collaboration with the QED Network;
4. Provide feedback on WHO guidelines documents; and
5. Begin collaborating with the ORS/Zinc Co-pack Alliance.

“This aspect is top-notch. Materials being shared by the TF is quite helpful in our work.”

“The CHTF does a fantastic job of keeping its members informed on multiple fronts and of sharing/disseminating a wide range of information highly relevant to researchers and implementers in the CH space.”

Despite the overall recognition of the strong coordination function, some respondents think that there is still no significant coordination in child health broadly, as groups continue to work in parallel. Shortfalls were highlighted in the models of engagement like limited time for discussion of the evidence and learning that are presented. Respondents also reported a lack of awareness of the existence of a Task Force KM plan (or of its implementation) and the website analytics, showing how many people access the information captured by the Task Force.

“Disseminating reports is excellent, but that is not the whole story. More support on how is recommended (provide or link to e-course, videos,...etc.) but not only the final product (report)”

“Webinars don't provide for much collaboration and discussion among participants. Too many 'experts' telling us what they think we need to know.”

“Francophone countries doesn't [have] a fair opportunity to present their experiences”

Although respondents recognize the role of the Task Force in **advocating** for children and how this theme is getting more attention lately, they noted gaps, including the need for engaging specific members with advocacy/communication skills and allocating resources to this function. Specific advocacy needs cited are resource mobilization, including tools and skills for budgeting at the country level, and supporting child

health stakeholders at the country level to increase ‘political will’ to emphasize child health priorities within wider maternal, newborn, and child health programs.

“The theme on Advocacy for integrated programming and financing is a good approach I feel we need some improvement in this regard including resource mobilization and support to low income countries.”

Respondents considered the theme of **Support to countries** as key to the Task Force’s ability to achieve its goal. The comments; however, suggest a varied, and even erroneous, understanding of the expectation of the Secretariat, including a lack of clarity on what, how, and the extent to which countries are supported when the Task Force does not have a country representation. Respondents (assumed country-based) also mentioned the need for direct technical support for them to adopt global initiatives. They named India, Nigeria, and Argentina as countries needing support, in particular for research in the latter.

Respondents elaborated on some gaps (obvious or implied) in how the Task Force works.

“The TF focuses on collaboration - it is a bit ambitious to take on the coordination role with the resources the TF has.”

Respondents provided suggestions to optimize engagement and improve the Task Force effectiveness across the themes including:

1. Clarify how the Task Force subgroups, organizations and individual members can support countries and specify tangible opportunities for action.
2. Increase effort on country level advocacy with clear measurement and tracking of progress.
3. Strengthen donor coordination and funding to support local members in each country to advocate for resources and increase political will.
4. Create more networking opportunities including in-person convening of members.

Resources & Support Offered

Within the past year, the Task Force continued to provide several resources to enhance and support members’ global work while also introducing a new school health and nutrition (SHN) hub on its website. The survey again sought to gauge how helpful these resources and activities were to members and asked them to rate on Likert scale from 1 (very unhelpful)–5 (very useful). Respondents rated the Task Force’s quarterly newsletter, bi-weekly journal digests, SHN hub, COVID-19 hub, announcements from partners (e.g., calls for proposals, events, resources, consultations, etc.), and Task Force-hosted webinars. As in the 2020 survey, in each category the majority of respondents selected very useful or useful. Approval for the top three resources — **quarterly newsletter** (113 or 91.1%, seven percentage points higher than in 2020), the **bi-weekly digest** (105 or 86%, four percentage points higher than in 2020), closely followed by the **Task Force-hosted webinars** (104 or 86%)— increased or remained steady from the previous year. Again, respondents highly rated the bi-weekly digest with 72 respondents rating it very useful (59%). The lowest rated resource was the SHN hub (76 respondents or 65% rated useful or very useful); however, 30.2% of respondents were neutral and 7.2% declined to answer, the highest of all the resources. It is plausible that because the SHN hub is a newer resource, respondents may have been less familiar with or have yet to explore it.

All resources, namely, the quarterly newsletter, bi-weekly journal digests and SHN and Covid-19 Hubs, are considered useful to many respondents’ work. They were described as “easy to read,” “comprehensive,” “succinct,” and “very informative.” Other descriptive words and phrases in the comments included “quite insightful,” “very useful,” “useful resource,” “rich,” “very applicable,” “good job!” and “educative.”

Respondents also mentioned that these shared resources compensate for what they miss during webinars. Most comments were supportive, indicating how respondents use the resources. For example:

“I share these resources locally to TWG members and Coordinators.”

“I equally share these to IMCI focal persons at district level thus wide sharing plus TWG members.”

“The quarterly newsletter is very useful resource to get updated information on the area of CH care and has innovation around the service.”

The biweekly journal digest:

“Saves me a lot of time doing online searches of my own.”

“Gained access to library readings.”

“I find this to be the most useful information resource. It’s quick and easy to scan.”

Concerning announcements and sharing resources via emails; however, some respondents were overwhelmed by the volume of communications and were explicit about this: “there is an overload of emails by many.”

Lastly, the lack of communications, e.g. emails, in other languages was noted as favoring English speakers.

The SHN hub is a relatively new resource, but the responses show that it has helped increase members’ knowledge and recognition of the importance of SHN. However, several members indicated that they have not used the resource yet or that they have not participated in the SHN-focused discussions because it is not part of their work. For example, a respondent said:

“I have learned a lot of applicability of this areas and its lessons versus our Country context. Has also strengthened coordination with Nutrition Unit and its stakeholders.”

“School health and nutrition are essential requirements to achieve desired learning outcomes.”

“This is a new area for most of the African countries so it shares experiences on implementation of school health and nutrition so it is a useful resource.”

Respondents indicated that the support provided by the Secretariat and/or subgroups activities over the past 12 months have been applicable and added value to their daily work. Some aspects specifically highlighted include:

1. Improving quality of care, particularly related to indicators for child health,
2. Discussions of key commodities, including the co-packaged ORS/zinc,
3. iCCM toolkit,
4. The M&E subgroup convening reviews of different tools, indicators, etc., particularly for quality of the Service Provision Assessment (SPA) survey,
5. Defining better the vision for child health through the strategic plan and school health.

Respondents felt supported to design tools to improve child health interventions and engage countries/individuals to address some of the challenges through sharing different countries’

achievements/work on child health. Webinars were valued, but some respondents struggled to find time to participate and prioritize the many meetings on a wide range of topics.

One respondent observed, “For me, the webinars helped a lot particularly as we deal with Covid-19 pandemic as it affects service delivery at the primary health care levels. Most of the Webinars on Covid-19 was quite helpful; also the presentation on QoC principles and approaches by the subgroup meeting.”

Another said, “These webinars were absolutely fantastic. I tried as much as my schedule could allow to participate in them. It provided new learnings, experiences and avenue to engage and ask burning questions. I sincerely encourage the TF to continue with the webinars.”

While the Task Force excels at information sharing, action is not evident to members. As one respondent noted, “I have been listening to input from several projects but I haven't seen much on response to ‘Acting on the Call’. Child health is still isolated.”

Respondents pointed to the need to have interactive webinars with sufficient time for discussion and learning from experiences, instead of experts lecturing the participants.

“When I am able to attend, they [webinars] are useful but NO audience participation and very little chance to ask questions or discuss because, for some reason, time prevents it.”

Task Force Strategic Plan (2021-2025)

For the first time since its inception, the Task Force developed a strategic plan to guide its work. Respondents were asked to indicate how individuals or their organizations could be involved in its implementation. Respondents noted that it is an ambitious plan without a guaranteed source of funds to implement it. Those who had read the plan indicated that they will share the plan widely with their circles and use the plan to:

1. Set priorities, as a guide for their own planning,
2. Align their organizations’ work with the Task Force, and
3. Guide their technical support to countries (advocating for the recommended treatment for diarrhea- the co-packaged ORS and zinc).

Respondents also mentioned using the plan to design or conduct implementation research studies. Some respondents questioned the lack of clear linkages to specialized programs for children, e.g. children with disabilities, eye and cardiac care, TB etc.

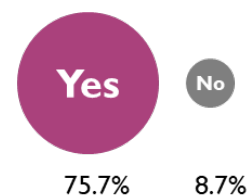
Some respondents were not aware of the strategic plan. As one respondent observed, “If [it] were possible to provide input to it that would be perfect. Some of my organization activities contribute to achieving the objectives.” Another said, “I would like to understand the roles and share with my teams in integrating this to the daily roles.” Wide dissemination to get the buy in and resources for the strategic plan will be necessary to ensure clarity on the role of members in implementation.

Accessing the Task Force Website

Most respondents (54.1%) reported that they visited the Task Force website only occasionally/once a month or less followed by sometimes/2-4 times a month (29.5%). The top two reasons respondents cited for visiting the website included accessing recordings and presentations from webinars (80 respondents) and accessing and searching for resources in the resource library (77 respondents).

The majority of respondents found the Task Force-wide non-technical meetings useful (75.4%). In terms of the frequency of meetings, twice a year was preferred (42.6%), followed by quarterly (38.3%).

FIGURE 5. Are the Task Force-wide non-technical meetings useful?



Discussion & Actions

The third in the 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 six percent (6%) remains low, despite involving co-chairs and offering an option for respondents to enter a rotary to win a spotlight in the Task Force newsletter and on the website. The Secretariat acted on the feedback and implemented most of the recommendations in the 2020 survey, which is important to member engagement.

The membership has grown tremendously to 2,056 from 777 in 2020. The membership has also diversified with more countries participating beyond the USA. In addition, participation in subgroups by country-based child health stakeholders has increased. The quality of care, nutrition and child health in emergencies subgroups had the most participation over the last 12 months. This is partly a reflection of which subgroups held the most recent meetings. The webinars and resources shared to address the ongoing COVID-19 pandemic and SHN attracted new members to the Task Force because these provided additional opportunities for stakeholders to engage. In the second year of the COVID-19 pandemic, we reduced the frequency of webinars based on the feedback from members. The focus of these webinars shifted to include topics like maintaining and reducing the disruption of delivery of essential services, sharing lessons from early roll-out of COVID-19 vaccines and addressing challenges of reopening schools. These topics were popular among Task Force members and global health practitioners in general, some of whom later joined the Task Force.

Actions

- 1. Engage members on an ongoing basis and provide opportunities for active participation beyond receiving of information.**
- 2. Institute the non-technical members' meeting, twice a year, as one mechanism to get feedback and suggestions to improve support and range of resources provided to members.**
- 3. Continue disseminating resources and website analytics periodically to ensure that members stay informed.**

Following the feedback from the 2020 member survey, the Secretariat has provided a brief introduction to the Task Force at the beginning of most webinars to ensure that participants know the goal, the subgroups and how they might join or participate. In addition, all recorded and shared meeting materials include a link to the Task Force website and the form for joining. The shared resources— quarterly newsletter, biweekly journal digests, webinar recordings and materials, etc., – and the support provided by the Secretariat and subgroups are valued. The Secretariat will continue to use all opportunities and channels to not only communicate the goal of the Task Force, but also the collective successes and opportunities to work with countries to

strengthen programs. Respondents have also indicated the need to vary the format of webinars to increase audience participation. Related to the increasing participation of country-based stakeholders and non-English speakers, the 2021/22 budget includes funding for translation services. Working with subgroup co-chairs, the Secretariat will offer translation of most of the webinars to reach the francophone audience. While noting the progress, the survey responses indicate that action is needed to increase active engagement, especially as the membership grows.

Actions

- 1. Brainstorm and adopt varied formats for meetings and webinars aimed at increasing audience participation.**
- 2. Include topics on translation of evidence and knowledge into policy and practice at the country level.**

Developing the strategic plan is a notable milestone, although not all respondents indicated familiarity with its focus. It is also an opportunity to track and report progress on the themes that require more action, including support to countries and advocacy. The Task Force should continue to clarify expectations for what “support to countries” means and actively link country needs to partners and resources within and across sectors.

Actions

- 1. Disseminate the strategic plan and engage members to contribute to its implementation by leveraging their organizational plans and resource mobilization.**
- 2. Identify opportunities and mobilize resources to implement specific activities in the strategic plan.**

The anonymous members’ survey has limitations, including the inability to follow up with individual members to respond directly to their comments and a low response rate, that represents a limited sample of Task Force members. However, respondents continue to provide useful feedback and recommendations that the Steering Committee and Secretariat can use to clarify and consolidate the value add of the Task Force in fulfilling the aspirations of the UN Strategy for WCA to survive and thrive, and ultimately in contributing to the attainment of the Sustainable Development Goal (SDG) 3.2 target of all countries reducing under-five mortality to at least fewer than 25 death per 1,000 live births.

Conclusion

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. Like with the 2020 members’ survey, the Secretariat will implement recommendations from this survey to help further the mission of the Task Force. While not all members were aware of it, developing the five-year strategic plan was a milestone in providing focus to the Task Force and a mechanism to track and measure progress in concrete ways. While most activities in the strategic plan are unfunded, clarifying actions under each theme –particularly support to countries and advocacy – and leveraging activities of the networks’ organizations over the next five years will see the Task Force moving closer to fulfilling its goal.

Annex A: Survey Questions

1. What best describes your organization?
 - Academic/research
 - Clinical care/medical provider
 - Donor agency - bilateral
 - Donor agency - multilateral
 - Government (e.g. Ministry of Health)
 - INGO, global FBO
 - Local NGO, CBO, FBO
 - Private foundation
 - Private sector/for-profit
 - Other _____
2. Where are you based? Please list the country.

3. Which subgroup(s) have you participated in during the last twelve months? Check all that apply.
 - Child Health in Emergencies and Humanitarian Settings
 - Digital Health and Innovations
 - Implementation Science
 - Institutionalizing iCCM
 - Monitoring and Evaluation
 - Newborn and Child Health Commodities
 - Nutrition and Child Health
 - Private Sector Engagement
 - Quality of Care
 - Re-imagining the Package of Care for Children

The Goal of the Task Force is “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.”

4. Rate your response to the following statement: *The Task Force is on track to achieving its goal.*
(Strongly Disagree) 1 2 3 4 5 (Strongly Agree)
Please explain your rating and any suggestions on what the Secretariat can do to facilitate the achievement of its goal
5. The Task Force plans its work around five themes. Please rate how useful the Task Force has been in each of the following themes over the last 12 months.
 - **Coordination and collaboration on child health**
(Not useful) 1 2 3 4 5 (Very useful)
Please provide an explanation or example for your response.
 - **Advocacy for integrated programming and financing**
(Not useful) 1 2 3 4 5 (Very useful)
Please provide an explanation or example for your response.
 - **Support countries**
(Not useful) 1 2 3 4 5 (Very useful)
Please provide an explanation or example for your response.

- **Learning and sharing evidence on child health programing**

(Not useful) 1 2 3 4 5 (Very useful)

Please provide an explanation or example for your response.

- **Knowledge Management**

(Not useful) 1 2 3 4 5 (Very useful)

Please provide an explanation or example for your response.

6. What specific Secretariat and/or subgroups activities, completed over the past 12 months, have been directly applicable to your daily work?

Please list activities and provide an explanation. _____

7. During the past 12 months, the Task Force continued to provide resources and introduced new ones to support enhanced communication and collaboration on members' work. Please rate their usefulness in supporting your work:

- **Quarterly Newsletter**

(Not useful) 1 2 3 4 5 (Very useful)

Please provide an explanation for your response.

- **Bi-weekly Journal Digest of published child health journal articles**

(Not useful) 1 2 3 4 5 (very useful)

Please provide an explanation for your response.

- **School Health and Nutrition Hub on the website**

(Not useful) 1 2 3 4 5 (very useful)

Please provide an explanation for your response.

- **COVID-19 Hub on the website**

(Not useful) 1 2 3 4 5 (Very useful)

Please provide an explanation for your response.

- **Announcements from partners (e.g. calls for proposals, events, open consultations, new resources, etc)**

(Not useful) 1 2 3 4 5 (very useful)

Please provide an explanation for your response.

- Other (specify) _____

8. **How useful do you find Task Force hosted webinars?**

(Not useful) 1 2 3 4 5 (very useful)

Please provide an explanation for your response.

9. Are the Task Force-wide non-technical meetings useful? If yes, at what frequency do you prefer:

- Biannual/ Twice a year
- Triannual/ Three times a year
- Quarterly/ Four times a year

10. How often do you visit the Child Health Task Force website?

- Never
- Once a month or less
- 2-4 times a month
- 4+ times a month

11. For what purpose(s) do you visit the website?

- Access recordings and presentations from webinars and subgroup meetings
- Access and/or search for resources in the resource library
- Share information about the Child Health Task Force with others
- Other (specify) _____

12. The Task Force has developed the strategic plan for 2021-2025 (www.bit.ly/chtstrategy). How could you and/or your organization be involved in implementation?