



# Pulse Check Survey Summary of Results

2022

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

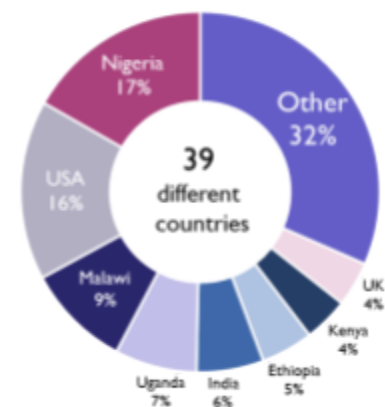
In December 2022, the Child Health Task Force Secretariat conducted its fourth annual members' survey as a mechanism to gauge members' perspectives on the direction of the Task Force. The survey requested feedback on the Task Force's progress towards meeting its goal and its usefulness to members across five themes, along with resources, meetings, and support offered. The survey also asked members about their participation in the subgroups over the last 12 months, use of the Task Force website, priorities for implementing the Task Force strategic plan, and types of skills building events that would be most helpful. A French version was also disseminated to capture feedback from the Task Force's growing francophone membership. The Secretariat sent the survey (Annex A) to the 3,221 Task Force members on its listserv of which 2,850 emails were successfully delivered. Below is a summary of the collected responses.

## Respondent Demographics

The survey had a 5% response rate with 150 responses<sup>1</sup> (of which seven were francophone members) from 39 countries. Although it is two percentage points below the 2021 response rate, this may be attributed to timing, as the survey was sent near the holidays. The majority of respondents were from Nigeria (25), closely followed by the US (24), then Malawi (14). We also received responses from Uganda (11), India (9), Ethiopia (7), Kenya (6), and the UK (6). The remaining respondents represented Bangladesh, Brazil, Canada, Egypt, Guinea, Indonesia, Iraq Lesotho, Liberia, Madagascar, Mozambique, Myanmar, Nepal, Nicaragua, Rwanda, Somalia, South Africa, Switzerland, Yemen, Zimbabwe, Djibouti, DRC, Ghana, Japan, Niger, Pakistan, Sierra Leone, Zambia, Argentina, Senegal, and Tanzania. Compared to previous years where the majority of respondents were from the US (in 2020 it was nearly half), this year had significantly more participation from a range of countries (four more than last year) and was the first time the US did not have the highest participation number. Around a third of respondents were from international non-governmental organizations (INGO) or global faith-based organizations (FBO) (49). The next two common affiliations were academia/research (26) and government (e.g. MOH) (24). While INGO/FBO and academia affiliations were also well represented in the 2021 survey, the number of government affiliations saw a threefold increase.

Nearly all respondents participated in a subgroup within the past 12 months (149), which is a modest increase from 2021. Of those individuals, 98 had participated in more than one subgroup (66%). Similar to the

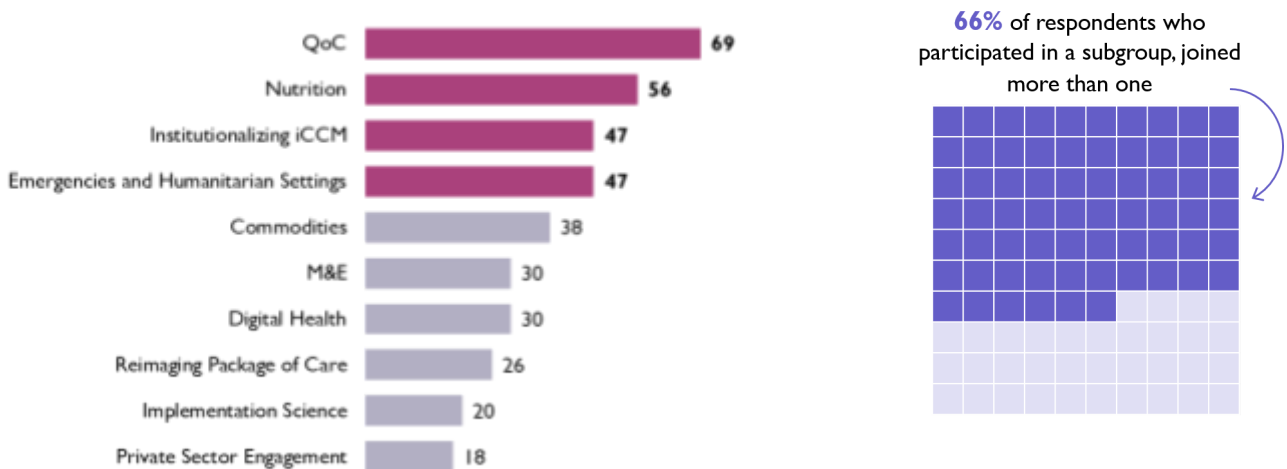
FIGURE 1. Respondents' Location



<sup>1</sup> The 2022 survey had the highest number of responses received compared to previous years; however, the response rate is calculated using successful email deliveries of the survey to all email registrations, which does not reflect the number of active members. We therefore use these findings as a general indicator of the health of the network.

previous year, the highest participation was in the following subgroups: Quality of Care (69); Nutrition and Child Health (56); and Child Health in Emergencies and Humanitarian Settings (47) and Institutionalizing iCCM (47).

**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*

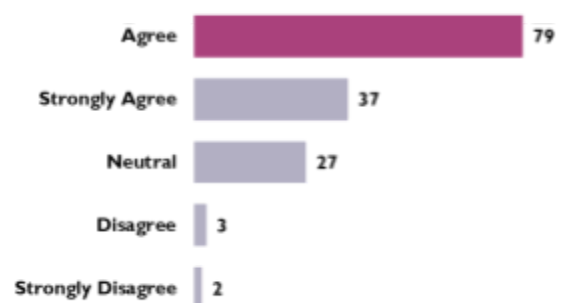
The survey provided the Task Force’s goal and asked respondents to rate on a Likert scale from 1 (strongly disagree)–5 (strongly agree) the following statement: “The Task Force is on track to achieving its goal.” Respondents also had the option to elaborate on their rating with a write-in explanation.

One-hundred and sixteen respondents (77%) agree or strongly agree with the statement, which is slightly higher than the previous year’s approval rate (75% agree or strongly agree). Overwhelmingly, the respondents’ comments support the quantitative ratings, indicating that the Task Force is on track to achieving its goal. Supporting evidence includes the fact that members are sharing relevant evidence, implementation experiences, and program tools, while also having discussions that are in parallel with the goal. In addition, respondents noted the increasing diversity of participants and the focus on featuring country-based examples of program implementation. Lastly, the wide range of well-curated information on child health were cited— notable highlights include quality of care, climate change, and increasing access to drugs (Amox DT and gentamicin).

### **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



*“The Task Force has made progress in many areas but one I'd like to note is the Child Survival Action initiative. There was a successful WHA event and then a joint visit to Sierra Leone. So there has been some good progress this year.”*

Those who were neutral or disagreed with the statement mentioned the challenge of having a broad objective that is not linked to specific country contexts; the focus on under-five children; limited engagement with governments on funding; and external factors outside of the Task Force's influence. In addition, while the opportunities to share information and implementation lessons are valuable, some respondents were not aware of any concrete actions taken to strengthen equitable and comprehensive child health programs as reflected below:

*“The Task Force is THE global group convening and mobilizing child health stakeholders to reach the SDG targets, with increasing membership from countries. That said, identifying HOW to support countries and the strategic advantage of Task Force support to countries vis-a-vis other partners has been challenging.”*

*“Whilst the task force is doing well at global level, actions at country level are rather weak. There is urgency to get countries to act with the same zeal that the taskforce exhibits.”*

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

1. Include more government entities in the webinars to help us understand how we can coordinate with government to achieve the goal
2. Engage countries and funders a little more and more strategically
3. Reconsider webinar scheduling which is tailored to favor a northern hemisphere time zone
4. Schedule small discussion groups to focus on the application of shared tools and experiences (also requested by Francophone respondents)
5. Increase the visibility of resources by disseminating them two to three weeks in advance of the commemoration of the relevant topic (e.g., Child Health Week, Women's Day, World Malaria Day, etc.)
6. Need in-person meetings for members<sup>2</sup>

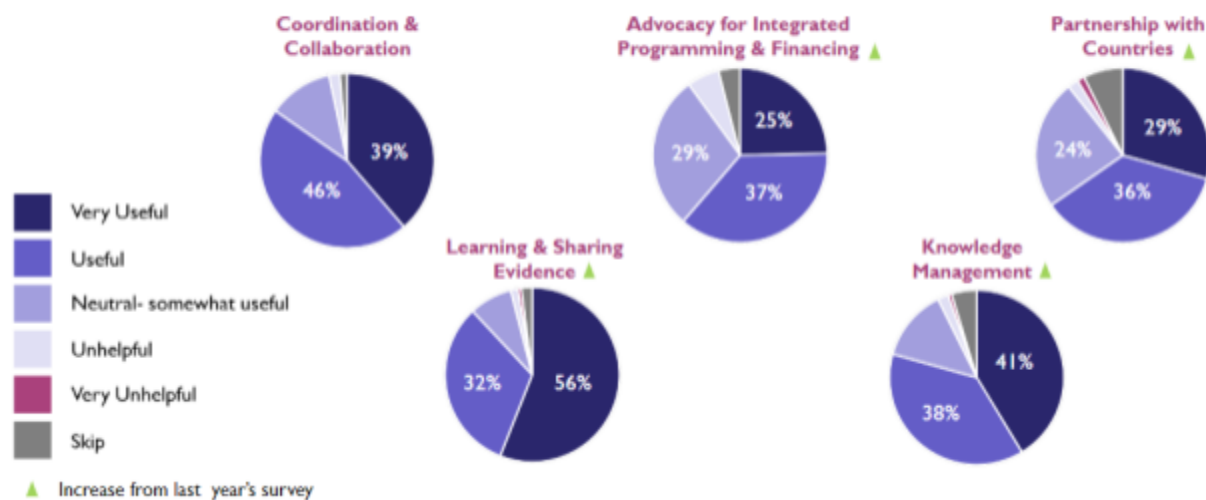
### *Usefulness of the Task Force's Work*

Respondents were also asked to rate, on a Likert scale from 1 (very unhelpful)–5 (very useful), the five themes of the Task Force's work: coordination and collaboration on child health; advocacy for integrated programming and financing; partnerships with countries; learning and sharing evidence on child health programming; and knowledge management. As in previous years, the majority of respondents selected very useful or useful for each thematic area. Respondents rated **advocacy (92)**, **learning and sharing (132)**, and **knowledge management (119)** very useful or useful slightly higher than in 2021. Notably, 98 respondents rated **partnerships with countries** as very useful or useful (65%), which was an 11-percentage point increase from the previous survey year. The lowest rated theme was **advocacy** (92 respondents or 62% rated it very useful or useful, 43 respondents or 29% were neutral, and nine or 6% found it unhelpful); however, its helpfulness score still increased by three percentage points from 2021. Figure 4 illustrates the breakdown of respondents' ratings across all five themes.

---

<sup>2</sup> Mentioned in every annual survey

**FIGURE 4. Respondent Responses on Usefulness of the Task Force's Areas of Work in 2022**



On the French version of the survey, respondents were asked to rate, on the same scale of 1 (very unhelpful)–5 (very useful), the newly added resources for Francophone members, including simultaneous interpretation during webinars, French version of the newsletter, and translated resources on the website (e.g. briefs and reports). With a total of seven responses, the response rate for the French version was low; however, across each resource, five respondents (71%) rated it as very helpful or helpful.

As in previous surveys, **coordination, learning and sharing, and knowledge management** are recognized as strong themes under the Task Force, and it is becoming increasingly visible as a vehicle for coordination and collaboration—a function that is described as awesome and strong. An example cited is the collaboration with the ORSZCA. The Child Survival Action (CSA) initiative was also identified as another tangible example of good collaboration in addition to the work of the subgroups. Moreover, several respondents reported learning a lot from accessing the Task Force’s repository of resources and from attending the webinars. They also praised the high quality of events organized by the Task Force. Several responses supported the idea of the Task Force as a best practice and model in global coordination.

*“There’s been broad participation involving researchers, implementing organizations, donors, and ministries committed to getting a common and better understanding of the challenges and searching consensual and evidence-based solutions moving forward.”*

One respondent noted that the subregional level should be included in the agenda to build coordination platforms. Other suggested areas for improvement included strengthening coordination in the area of nutrition and child health.

The commitment to **partner with countries** to strengthen child health programs is encouraging but limited in scope and needs strengthening. Ways in which the Task Force works with countries include: involving country representatives as webinar presenters and panelists; frequently updating the member countries; various webinars brought several countries together which created opportunities for them to initiate or strengthen partnerships. Some respondents noted a lack of engagement with program leaders at the country level while others did not know how partnerships with countries are initiated and maintained. The CSA initiative is noted to be a good example of an effective partnership model.

Concerning partnerships with countries, a respondent said:

*“This aspect of the work allowed countries to showcase their experiences and to update global knowledge, which is essential to validate the evidence-based solutions and recommendations to improve future programs.”*

**Advocacy for integrated programming and financing** and **partnering with countries** were seen as critical but also weak and challenging in practice. Notably, despite the need for additional resources, there was recognition of the lack of “appetite for financing child health at present” among the major donors and also a lack of government financial commitment from domestic sources. However, respondents noted that the TF is making progress, especially with the launch of the CSA that aims to do more targeted advocacy. Some concerns expressed by respondents included a lack of clarity about advocacy efforts, the target audience, and the results achieved.

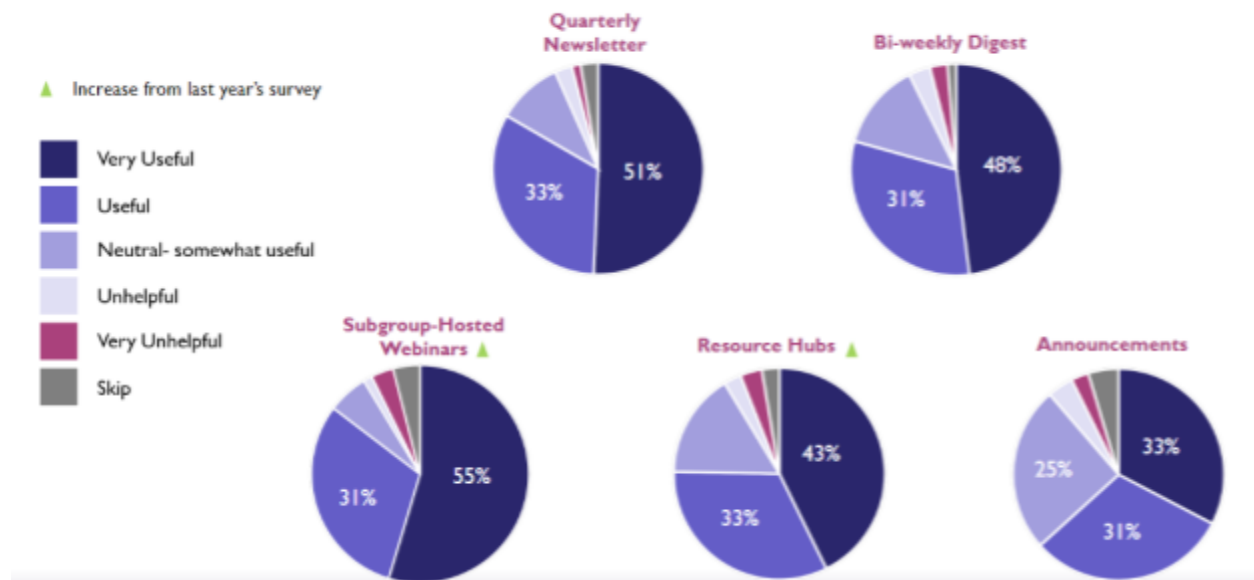
*“The need for increased funding, including domestic financing in the midst of conflicting needs, especially in resource-poor countries cannot be overemphasized”*

*“Integrated health care delivery is the best way to go but health allocation needs to improve and advocacy for increased health budget and spending is urgent.”*

### Resources & Support Offered

Within the past year, the Task Force continued to provide several resources to enhance and support members’ global work while also expanding to add two additional hubs on the website and launch a French version of the quarterly newsletter. 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, resource hubs (iCCM, Reimagining TA, COVID-19, and school health and nutrition), announcements from partners (e.g., calls for proposals, events, resources, consultations, etc.), and Task Force-hosted webinars. As in previous surveys, in each category the majority of respondents selected very useful or useful. The top three resources were **Task Force-hosted webinars** (128 or 86%, three percentage points higher than in 2021), the **newsletter** (125 or 84%, six percentage points lower than in 2021), and **bi-weekly journal digests** (119 or 79%, five percentage point lower than in 2021). While very useful or useful ratings increased with webinars, the other resources were slightly lower from the previous year. The webinars were particularly well received with 82 respondents rating it very useful (55%). Approval for the **hubs** also increased by eight percentage points from 2021 with 113

**FIGURE 5. Respondent Responses on Usefulness of the Task Force’s Resources and Support Offered in 2022**



respondents rating it very useful or useful (76%), which may be attributed to the addition of the iCCM and Reimagining TA hubs and new content to the existing ones. The lowest rated resource was the **announcements from partners**—95 respondents or 64% rated them very useful or useful, 38 or 25% were neutral, and ten respondents or 7% rated them unhelpful or very unhelpful (seven respondents skipped the question). Figure 5 illustrates the breakdown of respondents' ratings across all resources offered.

Among the activities, respondents highlighted the development of the institutionalizing iCCM toolkit; consultation on Amox DT and gentamicin; Quality of Care subgroup's collaboration with the Quality Equity Dignity network; informational webinar on the new Global Fund 2023 guidance on the inclusion of non-malaria commodities in country proposals; climate change series; reimagining the package and school health and nutrition; and CSA initiative. Frequent descriptive terms in reference to **resources** and **events** include: excellent, strategic, fruitful, useful, helpful, love them, high quality, etc.

*“Institutionalizing iCCM group has been working on a framework and toolkit that are directly relevant to my work... The Reimagining child health group's webinars focused on climate change and child health and multi-sectoral programming have also been very relevant given my own interests.”*

All the resources are considered useful in keeping people up-to-date, while also saving them the time to look for such resources. One respondent indicated the paucity of articles on malaria in the **bi-weekly journal digest**, despite its relevance to child health. Others noted it is an excellent and informative resource that is valued for its simplicity and accessible format:

*“Concise, excellent curating.”*

*“I routinely go through the digest when it appears in my inbox and always find articles and resources that I wasn't aware of, as well as the links to them.”*

*“This is the best for me! It brings me to articles I might have missed”*

The **newsletter** was considered a useful way of briefing members on recent progress, resources, and events and a means to quickly catch up on missed happenings.

*“I routinely go through the newsletter looking for new resources and links to the same and always find something I didn't know about.”*

The compilation of **resource hubs** on the website—iCCM, Re-imagining TA, COVID-19, School Health and Nutrition—were also rated highly in quality, accessibility, and many respondents reported finding them useful and educative. A few people reported difficulties in finding some resources. A suggested action to improve the use of resources is producing, distributing, and promoting content to coincide with the timing of annual events (e.g., child's week, women's day, AIDS day, World Breastfeeding Week, etc.).

**Announcements from partners** (e.g., calls for proposals, events, open consultations, new resources, etc.) were appreciated, but a number of respondents were not aware, particularly of calls for proposals, or the information was irrelevant as their countries were not included in the announcements. There was a request to do more in this area.

**Webinars** were often entry points for respondents to become Task Force members. Respondents appreciated the breadth of topics, as one noted that *“It is state of the art on whatever the topic,”* pointing to the high quality of presentations.

Among the attributes noted were consistency, very good and detailed, and engaging discussions.

*“Love the webinars, very well organized, and most of the time, they bring country voices to share their experience. Bulletin with links to articles is great!”*

A few respondents bemoaned the poor connectivity which limits their participation in webinars. As before, while members appreciated virtual events, they also indicated the need for in-person meetings.

## Other Insights

**Accessing Task Force Website:** Seventy-nine respondents (54%) reported that they visited the Task Force website only occasionally/once a month or less. The top two reasons respondents cited for visiting the website included accessing recordings and presentations from webinars (96 respondents) and accessing and searching for resources in the resource library (83 respondents).

**Skills Building:** The majority of respondents were open to attending a skills building event, including workshops on funding opportunities (107 respondents or 71%), training on grant/proposal writing (94 respondents or 63%), and manuscript writing and journal submission (84 respondents or 56%). A handful of respondents suggested additional topics, including general child health updates, learning visits, situation analysis for school health policies and programs, and models of good care assistance in antenatal care.

**Child Survival Action (CSA) Initiative:** With the Task Force’s role leading the CSA initiative to accelerate reductions in under-five mortality to reach the 2030 SDG target, respondents were asked which of the three thematic areas they would like to participate in. Sixty-six respondents selected country engagement (46%), 40 respondents selected advocacy (28%), and 39 respondents selected results framework/accountability (27%). Similarly, when asked how they would like to be engaged by the Secretariat (respondents could choose more than once response), the majority opted for the Secretariat to share information from countries (116 respondents or 79%), followed by the Secretariat to provide regular CSA initiative updates (84 respondents or 57%), and finally, the Secretariat to seek feedback on products from members (63 respondents or 43%).

Lastly, the Secretariat sought input on additional ways to actively engage members and collect feedback on an ongoing basis between annual members’ surveys. Some respondents indicated that the current level of engagement is sufficient, but others offered suggestions some of which are relevant to enriching webinar formats and topics, and providing time for ‘thoughtful reflection’ and ‘intellectual analysis.’ Below are some suggestions to explore:

1. Using a permanent live chat forum where the Secretariat can respond to any question and where members can share any updates
2. Adding more action-oriented webinars aimed at responding to specific events with targeted actions and tools
3. Organizing sessions featuring professional associations
4. Organizing time-bound task teams to address specific topics in child health (discuss/advance/action)
5. Conducting deep-dive discussions on specific toolkits and key issues (e.g., scaling up iCCM services, national strategies, and implementation in challenging contexts where funding is reduced)

**FIGURE 6. Skills building events/activities that would be helpful:**



6. Hosting interactive consultative exercises in small groups using polls, Mural, Survey Monkey, and other online tools.
7. Asking country task forces for specific problems in their country and supporting problem-solving
8. Increasing engagement: Country-specific coffee chats; virtual suggestion box; "pause and reflect" sessions
9. Collaborating, Learning, and Adapting (CLA) exercises to solicit input from members as to what is working and what could be improved/adjusted
10. Adding paced country-specific discussions to ensure maximum participation by those who face challenges in participating in the regularly scheduled Task Force events/webinars.

## Discussion & Actions

The 2022 members' annual survey provides another 'pulse check' in understanding the value of the Task Force, its way of engaging members, and the utility of provided resources. Since 2021, membership experienced a 50% increase. Although the survey response rate remains low, it is comparable to the engagement of previous years. Additionally, we calculate the response rate by using the number of successful email deliveries to all registered listserv emails as the denominator, which is not reflective of active membership. We, however, consider the findings a good indication of the health of the network as both the rankings and qualitative responses align and illustrate what is working well and what is not. As we started last year, we are continuing to feature one respondent, selected at random, in the Task Force newsletter and on the website as a means to motivate members to respond to future surveys.

The Task Force's membership is over 3,500 individuals and includes a rich diversity of countries and organizations. Notably, 60% of the members are from LMICs which is the audience we aim to engage in strengthening child health programs. While the number of respondents representing government entities increased, we seek to further grow the participation of government representatives at the country level. Increasing the number of countries partnering with us under the CSA will be one tactic to accomplish this goal. We will also test a variety of recommendations that we received from respondents to increase our accessibility, including adjusting event/webinar schedules to be sensitive of all members' time zones and expanding simultaneous French interpretation to more events.

Participation in the subgroups mirrored the previous year with Quality of Care having the highest number, followed by Nutrition and Child Health, Child Health in Emergencies and Humanitarian Settings, and Institutionalizing iCCM. Overall, it is notable that members generally participate in more than one subgroup because they consider the different themes important to their work. Some subgroups, like Private Sector Engagement, were mentioned as 'missing' in action and need to be re-energized in the coming year.

### **Actions**

1. **Continue to collect member feedback through other channels on an ongoing basis in addition to the annual survey (e.g. a virtual "suggestion box")**
2. **Explore more opportunities to work with the growing base of network members from LMICs**
3. **Continue to test new webinar formats including country-specific roundtables**
4. **Encourage subgroups to focus on the application of shared knowledge and tools to improve programs**

Members continue to appreciate the offered resources and support. As in previous years, the primary reason respondents visited the Task Force website was to access resources/tools or webinar materials. The hubs, in



particular, experienced an increase in their usefulness rating, demonstrating member receptiveness to the newly added focus areas (iCCM and Re-imagining Technical Assistance) and the expanded and updated content. Unlike previous surveys, there was no mention that members are receiving too much information which illustrates the value of allowing members to tailor their membership preferences and select what type of information they receive.

### ***Actions***

- 1. Increase support for Francophone-speaking countries**
- 2. Offer more translated resources and content on the website**
- 3. Offer training on grant proposal writing and manuscript development and solicit topics for skills building**
- 4. Test producing digital tool that members can use to improve program management**

The themes of **partnering with countries** and **advocacy** continue to be highlighted as both critical to fulfilling the goal of the Task Force and challenging because most factors are outside our control. The two themes address both meaningful engagement with countries and awakening country and global leadership on the need for increased investment. While developing the Strategic Plan helped the Task Force to set a broader agenda, focusing on the CSA initiative is the springboard to addressing these two themes. The CSA initiative provides the opportunity for the Task Force to partner with countries and support data analysis that will inform prioritization, investment, and alignment of programs and resources, emphasizing equity and quality of services while building demand and accountability. In turn, this will strengthen the right service platforms and create the necessary program and fiscal space to offer interventions that address the thrive agenda. The CSA initiative will also provide an opportunity to advocate for leadership, commitment, and resources to address child survival in the short-term and the broader thrive agenda.

### ***Actions:***

- 1. Involve country members in the CSA initiative action teams**
- 2. Explore country-based webinars/roundtable discussions focused on specific challenges in delivering child health services or overcoming barriers to demand for services**
- 3. Partner with select child health technical working groups in the CSA countries based on interest and availability to collaborate**

## **Conclusion**

Overall, survey respondents indicated that they consider the Task Force a valuable mechanism for coordinating and collaborating and learning and sharing evidence for effective child health programs. The majority of respondents believe the Task Force is on track to achieving its goal. Additionally, respondents see the CSA initiative as a tangible opportunity to partner with countries to advocate for a focus on child health while mobilizing additional resources. We look forward to rallying the network to work with each country to accelerate progress toward their 2030 target for reducing under-five mortality and ensuring all children thrive.

## 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.”

0. 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.
  - **Partnership with 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.

0. 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. \_\_\_\_\_

1. 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.

- **Resource Hubs on the website (iCCM, Re-imaging TA, COVID-19, School Health & Nutrition)**

(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) \_\_\_\_\_

2. **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.

3. What types of skills-building events or activities would be useful to you?

- Training: grant/proposal writing
- Training: manuscript writing and journal submission
- Workshops about funding opportunities, e.g. Global Fund
- Other (specify) \_\_\_\_\_

4. 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
5. 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) \_\_\_\_\_
6. The Task Force has developed the strategic plan for 2021-2025 ([www.bit.ly/chtfstategy](http://www.bit.ly/chtfstategy)). Rank the relevance of each of the strategic priorities to your work/organization (1 being most relevant, 5 being least relevant)?
- Engage global and country stakeholders about the need for increased resources, accountability and a multi-sectoral approach to child health.
  - Align around common goals and measures of success for child health along the life-course (including the newborn period, post-neonatal, and adolescence), with a focus on post-neonatal mortality reduction.
  - Partner to implement interventions, monitor for equitable coverage and quality care, and track progress towards SDG targets.
  - Foster the generation and sharing of evidence, lessons learned, tools and promising program approaches.
  - Synthesize and package information in sharable and accessible products and enhance communications.
13. The Task Force is leading the [Child Survival Action initiative](#) to accelerate reductions in under-five child mortality to reach the 2030 SDG target. There are three thematic areas that the working group is focused on as we partner with countries. Please select which area(s) you would want to participate in:
- Country Engagement
  - Advocacy
  - Results Framework/ Accountability
  - Other
14. Moving forward, how would you like the Secretariat to engage you as a Task Force member in the initiative?
- Secretariat to provide regular updates on CSA
  - Secretariat to seek feedback on products from members
  - Secretariat to share information from countries
15. The Secretariat is brainstorming ways to engage with members which might include informal virtual coffee chats to get more regular input on how the Task Force is working towards achieving its goal. Would you be interested in this and do you have other ideas?

\*\* French version only

16. Over the past 12 months, the Secretariat has shared resources translated into French and hosted several bilingual webinars. Please rate how effective these resources have been in including French-speaking colleagues in working group discussions:
- **Simultaneous interpretation during webinars**  
(Not useful) 1 2 3 4 5 (Very useful)  
Please provide an explanation for your response.

- **Webinar materials (slides, recordings, etc.) in French**  
(Not useful) 1 2 3 4 5 (Very useful)  
Please provide an explanation for your response.
- **Quarterly newsletter in French**  
(Not useful) 1 2 3 4 5 (Very useful)  
Please provide an explanation for your response.
- **French version of child health reports, guidelines and other resources**  
(Not useful) 1 2 3 4 5 (Very useful)  
Please provide an explanation for your response.

17. What other types of resources would you like to have (or more) in French?

18. Do you have any other comments or suggestions for the Secretariat on the mechanisms for including French-speaking colleagues?