

TOOL 0.2: DECISION TREE

Is the Surge Approach likely to add value?
YES
MAYBE
NO/NOT YET

Are there regions/health districts which experience peaks/fluctuations in common child illness (malaria, diarrhoea, ARI, SAM) consultations throughout the year?

YES

DON'T KNOW

NO

Complete a trends analysis of common child illnesses to identify regional/health district variation and return to the decision tree

Are there regions/health districts that experience regular dips/ gaps in capacity to deliver child health services?

YES

NO

Unlikely that the Surge Approach will add value, consider other health system strengthening initiatives

Has the context and stakeholder mapping exercise been completed?

YES

NO

Complete Tool 0.1 or similar profiling exercise and return to completing the decision tree

Is there a health management information system in place (paper or digital)?

YES

NO

Without a minimal data management system in place it is not possible to implement the Surge Approach. Prioritise strengthening the reporting system

Are key government stakeholders at local, district, regional level engaged and does the Surge Approach align with their priorities (political will)?

YES

NO

The Surge Approach may add value but without the buy in and support of the MOH it will not be sustainable

In the identified region/health district are the health facilities accessible?

YES

NO

Without access to the Health Facilities to support set up, and initial monitoring, it is unlikely that the Surge Approach will be functional.

Is there an active emergency response ongoing?

YES

NO

The Surge Approach may add value, however should not be set up until the situation has stabilised. The emergency response should be prioritised through other mechanisms (e.g. rapid response)

The Surge Approach is appropriate and likely to add value, particularly for the next period of increased demand or reduced capacity

ARI: Acute Respiratory Infection; SAM: Severe Acute Malnutrition