CMAM Surge Approach Learning Agenda January 2021-January 2023

Area of Inquiry / Learning Questions

1. Shifting from CMAM Surge to a more holistic Health Surge and ensuring better integration into health systems(*objective 3*)

1.1 How can the existing CMAM surge tools and guidelines be adapted to create a practical set of Health Surge tools to be piloted in 2021.

1.2. How acceptable and relevant is the CMAM Surge approach to health workers and other stakeholders?

1.3 What is the best approach to setting thresholds under the Health Surge approach when child morbidities are added to child wasting? In what contexts might each be most appropriate?

1.4. How does/ can CMAM Surge & Health Surge fit/ add value within existing health system functions?

How can it fit/ add value within broader health system strengthening efforts? How do we measure its contribution to strengthening health systems?

1.5 How can District level Surge dashboards be made more user-friendly and integrated into existing HMIS (rather than current stand alone excel sheets)?

1.6 How functional must the health system be to introduce CMAM Surge and/or Health Surge?

1.7 Should a more comprehensive Health Surge that includes management of at least severe wasting be the new standard from 2022? Or should some contexts continue with CMAM Surge (this will impact the revision of the current CMAM Surge global guide).

2. Integrating CMAM Surge into existing early warning/ early action systems (Objective 4)

2.1. Can the costs and costing process for CMAM Surge actions be integrated into existing financing mechanisms within health system contingency funds and/or broader emergency response funds?

2.2. How can the CMAM Surge data and monitoring be integrated into existing EWEA mechanisms to help governments and partners better detect and respond to nutrition emergencies early?

3. Using CMAM Surge to strengthen community level action and coordination (*Objective 5*)

3.1. Can the CMAM Surge situation/ caseload trend analysis be used to improve early detection of wasting by triggering timely screening (by community health workers/ volunteers or via Family MUAC)?

3.2. What is the impact of CMAM Surge on coverage of SAM/ MAM programmes?

3.3. Can CMAM Surge situation/ caseload trend analysis of historical admissions help communities identify and implement timely actions to prevent spikes in acute malnutrition or illness at community level during certain months of the year?

3.4. Can CMAM Surge (possibly Health Surge) data be used to trigger seasonal scale up of ICCM-SAM services?

4. Improving specific CMAM Surge steps (Objective 7)

4.1 How can the capacity assessment component (Step 2) of CMAM Surge be improved and aligned with other tools/ processes in respective health systems?

4.2 How can we ensure thresholds are regularly reviewed and reset to match changing capacity (e.g. when a staff member leaves or joins).

4.3. Should thresholds be set based on new admissions or total numbers in charge? What are the implications or when is each appropriate?

4.4. What surge actions are being identified (Step 4) and who are expected to deliver each type? Which are actually being implemented / supported and which are not and why? Which actions are proving most effective in managing caseloads?

4.5. What is the best way to cost CMAM Surge actions and who should be involved to ensure that actions can be deployed in a timely and efficient manner? [*Note this is in place of looking more closely at cost-effectiveness of CMAM Surge vs. 'normal' CMAM or traditional nutrition emergency response – see ENN article on CMAM Surge cost-effectiveness*]

4.6 How can we improve the post-surge review process to adapt thresholds, actions etc for the next annual surge cycle?

4.7. What additional tools are needed to support more holistic analysis of the existing health system to integrate CMAM/ Health Surge most efficiently into it (particularly, HMIS, integrated disease surveillance and response, contingency funding mechanisms, etc.)