

SCALE PAPER

**CMAM** 2021

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VIRTUAL CONFERENCE

# CMAM SURGE

Preparing for Scale

**CONCERN**  
worldwide

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An Roinn Gnóthaí Eachtracha agus Trádála  
Department of Foreign Affairs and Trade

# CMAM Surge: summary of key points for going to scale

## WHAT IS CMAM SURGE?

Eight steps to help government health teams respond to relative changes in caseloads and capacity.

Health facility staff can trigger internal actions and external support in a timely and efficient based on pre-agreed caseload thresholds to maintain quality of care.

## CURRENT SCALE

Currently being implemented in 12 countries and planned in 2 more countries, but there is significant interest and impetus as it is 'low risk' and is proving highly acceptable to health facility staff in particular.

## PRACTICAL CONSIDERATIONS FOR SCALE UP

Must be adapted to integrate into existing health system functions - especially health management information systems (HMIS) & disease surveillance & response.

Wasting caseloads are only one factor influencing a health facility team's workload - demand for other services should be considered.

Assessing capacity is at least as important as assessing caseload trends; both need to be reviewed regularly.

Formalising agreements between Health Districts & facilities for delivery of support packages once thresholds are passed can be challenging especially in fragile health systems.

## CRITICAL NEXT STEPS

- 1. Update the current Global CMAM Surge Global Operational Guide** based on learning to date and the specific CMAM Surge steps already identified.
- 2. Pilot and document learning** on the integration of CMAM Surge into existing early warning/ early action systems and shifting from CMAM Surge to a more holistic Health Surge model.
- 3. Work more closely with government counterparts** at national level to identify how CMAM Surge can be better integrated into the public health system and where it adds value. This will require a more thorough analysis of the health system in each context.
- 4. Continue to establish national and regional CMAM Surge Taskforces** to coordinate CMAM Surge actions and share learning.
- 5. Increase engagement with a wider variety of stakeholders**, particularly UN agencies and health actors to identify how the CMAM Surge can be better aligned with broader health system strengthening efforts.

**This document highlights key points raised during the CMAM 2021 conference on the scale up of CMAM Surge as a means of improving the coverage and quality of services to manage severe wasting. It represents a starting point to refine discussions. Concern is immensely grateful to the members of the Global CMAM Surge Technical Working Group who took the time and interest to contribute to this document.**

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Rahana Chaibou with her daughter Apsatou (9 months) at a Concern supported health centre. Photo: Apsatou Bagaya / Concern Worldwide / Niger.

# Brief description

## **The Community-based Management of Acute Malnutrition (CMAM) Surge Approach was designed to strengthen health system capacity to more effectively deliver services for children with acute malnutrition throughout the year.**

The approach is based on the observation that in many contexts there are intra-annual (e.g. rainy vs. dry season) and inter-annual (e.g. years of severe drought) peaks in the number of children seeking treatment for acute malnutrition and that these peaks are largely predictable. The approach was first piloted in Kenya in 2012, in partnership with the Kenya Ministry of Health and the United Nations International Children's Fund (UNICEF).

The CMAM Surge approach sets out an eight-step process to help government health teams better anticipate, prepare for and respond to relative changes in capacity and caseloads. These steps begin with an analysis of the local context, including a review of seasonal trends and known risk factors that drive child wasting rates (Step 1) and individual health facility capacity (Step 2). Based on this information health facility-specific thresholds are established that, when crossed, trigger a shift from normal implementation into a higher phase of action based on the severity of the situation (alert, serious, emergency) (Step 3).

A set of actions and support that will be needed when caseloads surge are agreed between government and non-government actors, with the first line of action usually planned for the health facility team itself. Thresholds are monitored on an ongoing basis by health facility staff using routine health facility data (Step 6), with actions and possible support activated as soon as a threshold is crossed (Step 7). The capacity of the health facility, thresholds, and Surge actions are reviewed on an ongoing basis and adapted as appropriate (Step 8). The status of each health facility can be monitored by the higher-level health authority (e.g. the District Health Management Team), which can, in turn, monitor trends across a wider geographic area and call for higher-level regional or national response if the situation continues to deteriorate.

In 2021, a series of articles were published on CMAM Surge in the Emergency Nutrition Network's (ENN) Field Exchange journal. These seven articles summarise some of lessons learned over the past eight years and key reflections around the way forward for the Surge approach. The full articles can be found on [ENN's website](#)<sup>1</sup>, and frame the reflections outlined in this document.

1 More information on the Evidence of the CMAM Surge approach can be found in the Emergency Nutrition Network (ENN)'s Field Exchange Articles: CMAM Surge: lessons learned on the journey so far (January 2021) and CMAM Surge: understanding costs and potential contribution to CMAM's cost-effectiveness (January 2021).

# Evidence

## Evaluations and operational experience to date strongly suggest that the CMAM Surge approach is highly relevant and has significant potential to support wasting management at scale in fragile contexts.

CMAM Surge is not an intervention per se; it is process to help better deliver child wasting services. It is therefore difficult to separate CMAM Surge's performance and benefit from the performance of routine CMAM services. The ultimate aim of the approach is to help health systems be more adaptive and shock-responsive, which can be difficult to concretely measure. As such, the evidence on CMAM Surge has been largely qualitative, focusing on the relevance, acceptability and effectiveness of the eight steps from the perspective of its primary users, largely health workers at facility and district level.

Evaluations conducted to date have consistently found the CMAM Surge approach to be highly **relevant and acceptable**, as expressed by staff at health facility, district and national level. In particular, health workers report feeling more **skilled and empowered** to use their **health facility data to make decisions** and to better **plan their work** during and even outside of periods

of peak caseloads.<sup>2</sup> Less formal CMAM Surge reviews conducted by Concern and others have had similar findings. Stakeholders have also reported that the CMAM Surge approach provides a useful framework to improve communication between health facility staff, district health teams and supporting NGOs on the type of support needed and the timeliness of its provision. This has reportedly strengthened the social capital of health facility teams allowing them to engage more constructively with communities and district health managers.<sup>3,4</sup> Cost-Effectiveness Analyses (CEA) on CMAM Surge conducted in Niger and Ethiopia suggest that the approach is as cost-effective as standard CMAM delivered via government health services with some NGO support.<sup>5</sup>

- 2 External CMAM Surge evaluations conducted in Kenya (2015), Niger (2019) and Ethiopia (2019), carried out by the Centre for Humanitarian Change on Concern-support programmes. Reports available at <https://www.concern.net/insights/cmam-surge-approach>
- 3 Save the Children : Etude de capitalisation sur la mise à l'échelle de l'approche CMAM Surge a Bamako, Kayes, Segou et Mopti, BesSarIAn (November 2020)
- 4 Concern Worldwide : Capitalisation sur l'implémentation et les innovations de l'approche CMAM Surge a Tahoua, Tillabéri et Maradi, Lasdel (June 2021)
- 5 CMAM Surge: understanding costs and potential contribution to CMAM's cost-effectiveness, Field Exchange Issue 64 <https://www.ennonline.net/fex/64/cmamsurgecosteffectiveness>

# Evidence

An evaluation of a Concern-led project implementing ‘Malaria Surge’ in Sierra Leone found that applying the principles and eight steps of CMAM Surge to malaria services helped health workers better manage those services.<sup>6</sup> These findings and early experience in other contexts suggest that an emerging Health Surge approach may have significant potential to support service delivery for other childhood morbidities and improve the shock resilience of health systems. This Health Surge model is currently being piloted in several countries with more formal learning expected in early 2022.<sup>7</sup>

Qualitative measures and methods will continue to be central to understanding and demonstrating the added-value of CMAM Surge because it is a dynamic approach that health workers are encouraged to adapt and integrate into their own health system processes. More robust quantitative measures are needed to assess if and how CMAM Surge can contribute to overall health system functionality and outcomes over time. The ultimate aim is to improve the quality and efficiency of nutrition (and health) service delivery. Thus, both qualitative and quantitative measures and methods will need to assess changes at the higher health system-level and find innovative ways to determine roughly the degree to which those changes can be attributed to CMAM Surge.

<sup>6</sup> Final Evaluation of the Treat and Prevent Malaria Project Tonkolili (April 2021)

<sup>7</sup> Concern Worldwide. Health Surge – Learning Plan, May 2021 - May 2022 (June 2021)

# Practical considerations for scaling up the approach<sup>8</sup>

**Nearly ten years of learning since the initial pilot in Kenya has identified a number of practical considerations for scale up, including:**

## **Policies**

Several countries have or are in the process of creating CMAM Surge national strategies and guidelines or have included CMAM Surge in CMAM policies. For example, the Government of Kenya has officially endorsed CMAM Surge as a strategy to manage wasting in the Arid and Semi Arid Lands (ASALs) and has its own guidelines and toolkit to support strategy roll out. Endorsement of CMAM Surge or the core elements of it within health and nutrition policy documents can be helpful to promote national ownership of the approach, but may not be absolutely required to start supporting the approach in select districts and health facilities. In the coming years, as new global CMAM Guidance is published and subsequently country guidance revised, consideration should be given to the relevance of including the process of CMAM Surge to support the delivery and quality of wasting services.

## **Guidance and tools**

The *Global CMAM Surge Approach: Operational Guide* exists, in English and French, as a template to be adapted to health systems in each context. An initial assessment of existing health and nutrition guidelines and tools should identify where country-specific tools could replace those in the global guide – for example, the capacity assessment or costing tools. Kenya and Ethiopia have both developed their own CMAM Surge guidelines and toolkits. Concern, with the support of the Global CMAM Surge Technical Working Group plan to update the *Global Operational Guide* by late 2021 based on practitioners' experiences. As scale up continues, translation of the global guidance into other core languages will be essential (translation into Arabic is currently underway for Sudan).

<sup>8</sup> More information on the practical considerations for the scaling up of the CMAM Surge approach can be found in the Emergency Nutrition Network (ENN)'s Field Exchange Articles: *CMAM Surge: the way forward* (January 2021)

# Practical considerations for scaling up the approach

The following steps have already been earmarked for revision and any efforts to revise national guidelines should keep these in mind:

**Capacity assessment (Step 2):** Stronger emphasis on understanding the capacity of the health facility and how this can change is a critical component to ensure the success of implementation of the approach. Pre-existing capacity review processes should be identified and used. The capacity of the health facility should be reviewed on a regular basis.

**Threshold setting (Step 3):** Thresholds need to be dynamic and reviewed regularly to ensure they accurately reflect the capacity of the health facility and the demands. Health facility staff often report feeling overwhelmed even if the thresholds have not been breached. This may be because the thresholds have been incorrectly set and/or because other illnesses are increasing the workload of the facility team. Adaptations to the original threshold setting methodology have been trialed and learning from this – including adaptations for the Health Surge pilot – will be captured and applied to the guidance update process.

**Formalising engagements (Step 5):** Surge actions defined in step 4 often have associated cost especially at “serious” or “emergency” levels. It is critical that commitments are formalised with government and non-government stakeholders so that when a threshold is breached the action can be initiated in a timely and efficient manner. Synergies with national emergency response mechanisms should be sought, along with supporting government logistics systems to respond to these peaks. Formalizing engagement can be challenging especially in weaker health care systems, where routine actions in “normal” phases are not sufficiently funded. Further exploration of how best to implement CMAM Surge in these contexts is needed. When actions cannot be activated during crises, the motivation of health facility staff to continue implementing the approach is diminished.

**Improving costing tools (Step 4/5):** Further estimates of costs specific to CMAM Surge and the development of practical tools to better cost the elements of the CMAM Surge Action Plans are needed so these costs can be better integrated into government health budgeting processes.

# Practical considerations for scaling up the approach

## Capacity building/ quality assurance

High turnover of health facility staff has been a persistent barrier to sustained implementation of CMAM Surge. Supporting the establishment of national pools of CMAM Surge trainers, such as the governments of Kenya and Niger have done, reduces the dependency on external partners for provision of initial and refresher training. CMAM Surge should be integrated into routine training curricula covering management of wasting. Equally, aspects of CMAM Surge could also be integrated into modules on information management. It is important that practical and accessible learning materials are developed to facilitate easier introduction to the approach (e.g. training videos, simple guide to the CMAM Surge steps). Some exist in different countries and Concern is working in 2021 to consolidate more of these training materials in English and French.

Training, supervision and quality assurance mechanisms for CMAM Surge must be integrated into routine processes and the tools already being used by government health teams to quality assure wasting services and child health services more

broadly. The CMAM Surge approach has the potential to improve how supportive supervision is carried out by starting a dialogue based on analysis of caseload data and workload and providing a framework that promotes flexible support. In all cases, CMAM Surge supervision should not be a parallel exercise beyond, perhaps, the early pilot period.

## Workforce

CMAM Surge does not require additional staff or volunteers but rather a focus on how best to use available human resources, especially during periods of increased demand. The success of the approach does, however, depend on the motivation and engagement of health facility staff. We need to learn more about how the Surge approach motivates staff and how we can optimise this further. Ensuring practical opportunities to learn and share experiences on CMAM Surge are important to allow health facility staff to see first hand the benefits of the approach and how over the medium to longer term it may allow them to better manage their workload.

# Practical considerations for scaling up the approach

## Information management

The data used to analyse past trends in wasting caseload (Step 1) and to track cases in real time should be drawn from the existing health management information systems (HMIS). The data analysed at health facility level is the same data – just in its ‘raw’ form, before it is entered into the more formal HMIS. Unfortunately, the HMIS is often under-resourced, leading to gaps and significant lag times, which makes ‘real time analysis’ challenging.

CMAM Surge can support health facility staff to better understand their data, through continuous interaction, which allows real time analysis at health facility level before it is entered into the system, but this cannot substitute for broader efforts to strengthen the HMIS. Monitoring by a health district of which health facilities have crossed their thresholds and require support (e.g. via a District CMAM Surge dashboard) should be aligned and integrated into the HMIS system as much as possible to avoid the need for duplicate reporting/ data entry into different systems.

CMAM Surge is based on analysis of caseload data at health facilities, which is dependent on children in need accessing facilities for services. If moderate to high coverage is not achieved, the CMAM Surge approach will have minimal impact. It is important, therefore, to monitor coverage to the extent possible and to take action to boost community level screening when needed. Practitioners must also recognise that surges in caseload may be due to increased community screening and referral activities. Creating stronger facility-community linkages and engagement of CHVs in the approach is critical to understand how health facility trends relate to actual needs in the community.

# Practical considerations for scaling up the approach

## Stronger links to disease surveillance and early warning systems

Greater efforts are needed to link CMAM Surge with Early Warning systems at national, district and local level to improve preparedness and to provide a framework to better mobilisation of emergency funds rapidly at a national and lower level in the event of emergency surge thresholds being breached. Linking CMAM Surge data – particularly District-level Surge dashboards – to other early warning mechanisms may provide a more complete picture of an emerging nutrition crisis. How best to do this is only starting to be explored, but there are two main types of early warning systems that CMAM Surge could potentially link to.

First, there should be a very functional link to disease surveillance and response mechanisms, which are in place in almost all countries (at different levels of functionality) to track and respond to outbreaks of infectious diseases. These generally use a similar caseload thresholds system to trigger action but do not generally track nutrition. Many of the diseases they do track (known as ‘notifiable’ diseases within the HMIS) such as malaria or watery diarrhoea, however, are likely to drive up malnutrition when they occur. Second, there could be a more practical link to food security/ famine early warning systems, which are generally based on weather and crop development indicators or more crude nutrition surveillance data.

## Finance

Accurately estimating the cost of CMAM Surge set up as well as the costs of delivering specific Surge actions when thresholds are crossed is essential. Further work is needed to better understand how and when those costs can be inserted into budgeting processes and planning at national, district and local level. Country specific understanding of how local health and contingency budgeting process work is critical to ensure Surge actions are embedded into existing government planning in a sustainable manner.

As for CMAM itself, reliable, multi-year funding, ideally as part of broader support for health system strengthening initiatives is needed to ensure that CMAM Surge is established in a sustainable manner. Donors must look beyond the typical 1 to 2 year emergency funding cycles for CMAM Surge if it is to be embedded within district and national health systems and contribute to improved service delivery over the long-term.

# Promising practices

There have been a number of promising practices that have supported the scale-up of the CMAM Surge approach:

- › **CMAM Surge Taskforces (Technical Working Groups)**, composed of key stakeholders implementing or supporting the implementation of CMAM Surge have been an important component in the scale up of the CMAM Surge approach, in particular in the West Africa region, they have facilitated the sharing of learning and resources. National Taskforces continue to be an important means of coordinating and preventing overlap of activities in countries.
- › **Government leadership/ownership** has been a key aspect for the successful scale up of CMAM Surge in countries such as Mali, Niger and Kenya. The identification of a government CMAM Surge focal point, establishing a national pool of trainers, and development of national strategies on CMAM Surge have all supported this ownership of the approach.
- › **A Health Surge model** that applies the same principles to other child illnesses with seasonal trends is being piloted in 2021. This has evolved partly in recognition of the fact that wasting services are only one factor contributing to the overall workload of the health facility.
- › **Inclusion of some Surge actions in the government plans and budgets** at commune and district level have been seen in Niger and Kenya and may be expanded as costing capacity improves.

# Critical next steps

- 1. Update the current CMAM Surge Global Guide** based on learning to date specifically the steps related to capacity assessment, threshold-setting, formalising commitments, and costing surge actions - as outlined above.
- 2. Further test, gather evidence and document learning** on the integration of CMAM Surge into existing early warning/early action systems and shifting from CMAM Surge to a more holistic Health Surge model and ensuring better integration into health systems.
- 3. Work more closely with government counterparts** at national level to identify how CMAM Surge can be better integrated into the public health system and where it adds value. This will require a more thorough analysis of the health system in each context.
- 4. Continue to establish national and regional CMAM Surge Taskforces** (or equivalent coordination mechanisms) to coordinate CMAM Surge actions and share learning.
- 5. Increase engagement with a wider variety of stakeholders**, particularly UN agencies and health actors to identify how the CMAM Surge - and the emerging Health Surge - approach can better support and be supported by broader health system strengthening efforts.

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