CMAM SURGE GUIDANCE REVIEW WORKSHOP

OUTCOME SUMMARY

15-16 MAY 2019
NAIROBI, KENYA

CMAM Surge is an innovative health systems strengthening (HSS) approach that helps prepare health facilities to respond to increased demands in acute malnutrition treatment services that occur due to seasonal or unforeseen shocks. While traditional emergency responses can cause unintended damage to health systems through the creation of parallel, NGO, and cluster-driven responses, CMAM Surge is unique in that it strives to improve emergency preparedness and response through longer-term HSS approaches, which are normally in the realm of development activities.

Since its initial design and pilot in Kenya in 2012, the CMAM Surge approach has been successfully scaled up and introduced in a variety of countries and contexts through the leadership and support of multiple donor agencies and NGOs. This has led to new learning and context-specific adaptations of the approach as well as the identification of gaps in the guidance and the need for additional tools as new agencies adopt and scale up the approach using the existing tools. Several learning reviews and evaluations, including a cost-effectiveness analysis, have also been completed. Given this new learning and experience, it was determined that now is an appropriate time to update the guidance to incorporate the latest evidence, best practices, and experience from countries beyond the initial Kenya pilot. The update of the Operational Guide will also inform the development of additional tools, including an expanded training package, standalone tools for implementation and monitoring, and job aids.

To begin the process of gathering the required information and experience to update the Operational Guide, Concern Worldwide hosted a two-day CMAM Surge Guidance Review Workshop at its office in Nairobi, Kenya from 15-16 May 2019. The objective and expected outcomes of the meeting are given below.

OBJECTIVE: To update the CMAM Surge guidance materials with the latest learning and best practices, based on evidence from implementers, CMAM Surge-focused learning reviews and studies, and the latest global literature.

OUTCOMES:

- Experience gathered from implementers and stakeholders to inform the guidance updates.
- Identification of areas for further research and evidence collection/testing.

In order to allow thorough time for in-depth discussion on key technical topics, the agenda *(see Annex 1)* focused on three broad technical topics: appropriate contexts for CMAM Surge implementation, threshold setting and review, and monitoring indicators. These topics were selected based on recommendations from previous evaluations and learning reviews as well as an initial review of the current operational guidance by the Concern Strategy, Advocacy, and Learning (SAL) Unit's Nutrition Advisors.

Through the discussions held during the two days, some consensus was reached around what should be added, revised, and removed from the current Operational Guide. Additionally, areas that require further inquiry and testing before including them in updated guidance were also identified. A summary of the discussions by main topic area are presented below.

CMAM SURGE: CONTEXT CONSIDERATIONS

To help country governments and their implementing partners better understand how to adapt CMAM Surge to their specific country context properly, **it was agreed that a "pre-Surge" section be added to the Operational Guide.** This section should include guidance on:

- Different context examples (e.g. stable vs. fragile): how to adapt the approach based on the current strength of the health system, on consideration of internal factors such as available funding and timeline, and on government engagement.
- A stakeholder mapping and a simple contextual analysis tool that includes both internal (NGO resources and constraints) and external factors (country and health system considerations).

The current Operational Guide also states that the health system should have a "moderate functionality" in order to use the CMAM Surge approach. During the workshop, participants attempted to define "moderate functionality" further and included the following parameters:

- There should be standard guidance on basic service delivery, including integrated CMAM services.
- HR standards, even if all staff are not fully funded by the government (e.g. standard job descriptions, salary scales).
- A coordination mechanism.
- Basic supply chain management system, even if stock outs are still a recurring issue.
- Basic data collection mechanism and data movement across levels.
- Government leadership and involvement are ideal but not an absolute requirement, depending on context. CMAM Surge has been shown to strengthen leadership at the health facility level, which can then lead to stronger engagement and accountability at higher levels of the health system.

The group also discussed that rather than ensuring the health system meets a pre-defined level of functionality, it is more important to assess the current level of health system functionality and identify areas in need of strengthening. The introduction of CMAM Surge can then be tailored based on these findings.

It was agreed that a tool should be developed, or adapted from existing HSS tools, to aid in this process. The West Africa Task Force is working on a CMAM Surge decision tool, which should be tested to support the tailoring of the approach based on context.

Also, within the current guidance, it should be clarified that while the area should experience spikes or fluctuations in SAM/MAM cases, these need not be seasonal as there are other human-caused factors that could lead to spikes (e.g. supply chain breakages, conflict).

SETTING AND REVIEW OF THRESHOLDS

Participants agreed that more emphasis needs to be put on the need to review thresholds frequently. A recommended addition to the existing guidance (after scale down, annually) is that health facilities review their thresholds more frequently following the introduction of CMAM Surge activities (e.g. monthly for first six months) to ensure thresholds are set at correct levels.

There was also consensus that the threshold-setting formula is confusing and can distract teams from discussing their context, capacity, past experience, and overall workload as part of the threshold-setting process. Further discussion is needed to determine if the formula should be removed completely from the guide, moved to an annex as a reference, or revised as a tool to be used by the district rather than health facility level. Alternatively, more guidance could be added to ensure that the formula values are further refined using the data compiled during steps 1 and 2 to ensure proper reflection still takes place.

The use of new SAM/MAM admissions versus total SAM/MAM in-charge for threshold setting was discussed. Clear consensus was not reached on which approach is more appropriate for threshold setting. There was more agreement that total caseload may be more appropriate to determine when to scale down Surge actions. Information and existing tools/guidance should be collected from the different implementing countries to get a better sense of how each is being used to determine if additional testing is required.

Finally, a debate about threshold setting for only SAM/MAM (CMAM Surge) versus a multi-morbidity/total workload (Health Surge) approach is more appropriate to avoid siloing of nutrition and health system strengthening efforts. It was agreed that further testing of combined thresholds that take into account multiple morbidities need to be tested first before concrete guidance can be given. Suggestions were made to use total client caseload to set combined thresholds. However, it is unclear how this will impact the process of identifying Surge actions,

as some would be generic activities whereas others would be specific to individual morbidities. Also, guidance on how to scale down a multiple-morbidity threshold would need to be tested, as frequency and length of contact with the health system varies widely across morbidities. The use of non-numeric thresholds was also discussed (e.g. using visuals/face icons to reflect perceived workload/stress level). This concept should be further explored.

MONITORING INDICATORS

It was agreed that a full revision and expansion of the current M&E guidance in Annex 4 of the current Operational Guide is required.

The Annex will be pulled into a section as part of the main guide, focusing on M&E needs for the following users/purposes:

- Health facility-level CMAM quality monitoring: using standard CMAM indicators and comparing if quality remains the same in Surge and non-Surge periods.
- Monitoring CMAM Surge implementation quality (district/government, NGO level) to ensure steps are followed and agreed upon Surge actions take place.
- Measuring CMAM Surge's contributions to wider HSS efforts (government and NGO level).

Existing M&E tools and indicators currently used by implementing partners will be gathered for review before developing generic tools and guidance for each of the above M&E purposes. Some new tools, particularly around measuring HSS contributions, will require testing before they are included in the formal guidance.

This Concern-supported health center in Afala, Tahoua, Niger serves over 50 rural villages. This health center has been using the CMAM Surge approach since 2016 to help respond to increases in their malnutrition caseloads.. Photographer: Darren Vaughan / Concern Worldwide

NEXT STEPS IN THE REVISION PROCESS:

Participants in the guidance review workshop opted to prioritize the creation of a virtual working space in order to facilitate the collection of existing tools and resources, learning and experience, and review of the updated Operational Guide and associated tools. Concern Worldwide, in collaboration with other CMAM Surge implementing partners, intended to create a CMAM Surge website to house the latest resources, evidence, and guidance related to the approach.

Participants felt the development of this website should be one of the immediate next steps following the guidance review workshop. Agreed next steps are summarized below:

CMAM Surge Global Technical Working Group (TWG) established

- This group will oversee next steps in the guidance update process and coordinate learning across organizations and regions.
- Once a TOR is drafted, more information about how to participate in the group will be shared.

Develop a CMAM Surge website, which should include:

- A "members-only" working space to facilitate joint review of updates to the Operational Guide and related tools and resources.
- A listserv-type function to facilitate communication across partners and to collect existing tools and lessons learned to integrate into the update.
- Agreement that members can have advance access to the site before making it live to the general public.

Begin to draft new sections and make agreed-upon revisions to the current guide

- It is anticipated that full Operational Guide review could take up to two years; timeline to be revisited following set-up of website and listserv.

In the interim, process documentation and updates on latest learning (e.g. testing of new tools, new ways to set/revise thresholds) will be produced to provide timely information to implementing partners while the full Operational Guide update is finalized.

Implementing agencies will share existing tools and learning around the issues outlined above to inform further learning, testing, and guidance updates. Concern will coordinate these requests alongside the TWG members.

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15-16 May 2019 | Nairobi, Kenya

DAY 1	
8:00 – 8:30	Registration
8:30 – 9:00	Welcome and Introduction
9:00 – 9:20	Theory Behind the CMAM Surge Approach
9:20 – 10:00	Kenya Pilot and Scale-Up
10:00 – 10:30	Global Expansion and Lessons Learned To-Date
10:30 – 10:45	Tea Break
10:45 – 11:15	CMAM Surge Implementation Context
11:15 – 1:00	Context Group Work ■ What contexts are appropriate for CMAM Surge? ■ What are the basic health system requirements, if any? ■ What should the implementation timeline be in various contexts and what are the expected outcomes?
1:00 – 2:00	Lunch
2:00 – 3:00	Context Report Out and Way Forward
3:00 – 3:30	Setting and Reviewing Thresholds
3:30 – 3:45	Tea Break
3:45 – 4:45	Threshold Group Work ■ Threshold setting: What to consider (e.g. co-morbidities, health facility capacity, new admissions vs total in-charge) ■ Threshold formula ■ Frequency of threshold review ■ Scaling down
4:45 – 5:00	Wrap Up Day 1
DAY 2	
8:30 – 9:30	Threshold Group Work: Continued
9:30 – 10:30	Threshold Report Out and Way Forward
10:30 – 10:45	Tea Break
10:45 – 12:00	Creating Linkages Across System Levels
12:00 – 12:30	CMAM Surge Monitoring Indicators ■ Review of existing indicators ■ What are indicator needs at different levels (e.g. health facility vs district) and for different actors (e.g. MOH vs NGO partners/donors)v
12:30 – 1:00	Monitoring Indicators Group Work
1:00 – 2:00	Lunch
1:30 – 2:00	Monitoring Indicators Group Work - Continued
2:00 – 3:00	Monitoring Report Out and Way Forward
3:00 – 3:30	Defining Next Steps: Global Plans
3:30 – 3:45	Tea Break
3:35 – 4:30	Next Steps Plenary Discussion and Consensus
4:30 – 5:00	Wrap Up and Close

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