THE CMAM SURGE APPROACH

Acute malnutrition continues to effect the lives of millions of children around the world. In 2018, it was estimated that 49 million children suffer from wasting, a form of acute malnutrition – this figure represents 7.5% of children under the age of five globally. Of this number, 16.6 million are severely wasted, suffering from severe acute malnutrition (SAM).[1]

Community-Based Management of Acute Malnutrition (CMAM) was developed to address these unacceptably high rates of acute malnutrition. Evolving from the Community-Based Therapeutic Care (CTC) approach, CMAM seeks to reach as many children as possible through the provision of services at decentralized outpatient care sites. Early on in its history, CMAM was often used as an emergency intervention but has increasingly been integrated into routine health service delivery. More than 70 countries are currently implementing CMAM, with an increasing number moving towards integrated services.[2]

The CMAM Surge approach complements routine CMAM services using health systems strengthening principles to ensure that health systems are better able to respond to and anticipate increases in demand for acute malnutrition treatment services. A framework for the CMAM Surge approach was first proposed in 2010 as an alternative way to strengthen CMAM services with the aim of providing a more sustainable, less disjointed stop-start emergency response when caseloads increase.[3] Concern Worldwide used this initial framework to refine and pilot the current CMAM Surge model in Kenya in partnership with the Kenya Ministry of Health, beginning in 2012. To date, the approach has been

implemented in 13 countries with support from multiple partners and donors (see Figure 1). Concern is currently implementing the approach in seven countries.[4] The approach has been introduced and is being scaled by other NGOs in both new countries and alongside Concern in its countries of operation, with notable growth of the approach in Francophone West Africa.[5] The model was originally developed to manage increases in SAM caseload but has been modified to address other morbidities (malaria, diarrhea, moderate acute malnutrition [MAM]) alongside SAM.
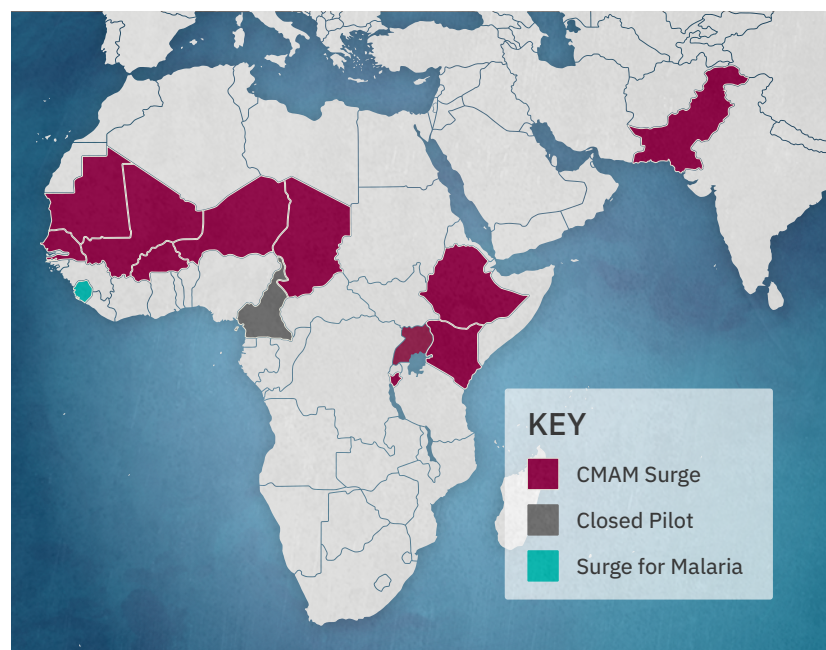

Figure 1: Mapping of CMAM Surge Implementation

The CMAM Surge approach has eight basic steps (see Figure 2) to help government health teams respond to increases in SAM caseloads. These steps link an analysis of the local context, risks, health system capacity, and needs to specific response actions. The analysis process culminates in the setting of health facility-specific thresholds that, when crossed, move the health system from a normal implementation state into a higher phase of action (alert, serious, emergency) based on the severity of the shock. Passing a threshold then triggers pre-agreed-upon actions and capacity support from both government and non-government actors across health system levels. Thresholds are monitored on an ongoing basis by health facility staff using routine health facility data to ensure action is taken as soon as a caseload increase is detected. The status of each health facility is also reported to the higher-level health authority (e.g. district health management team), which can in turn monitor trends across a wider segment of the health system and trigger a higher-level national response if the situation continues to deteriorate.

Like all health systems strengthening approaches, CMAM Surge is a long-term approach that increases system capacity over time. However, evaluations of the approach show that with long-term investment, progress towards health system resilience and responsiveness can be gained. Experience on the ground has shown that CMAM is a useful entry point for introducing health systems strengthening concepts and that government health staff naturally expand these concepts into other parts of service delivery once they are mastered for CMAM. Other promising findings from evaluations of the approach include:

- Health facility staff understand and appreciate the value of data collection and reporting and feel empowered by using their data to take action.
- Acute malnutrition treatment is viewed as a routine health service of equal importance as other morbidities rather than as an add-on activity.
- Linkages between communities and health facilities are strengthened, particularly when communities are involved in the analysis steps of CMAM Surge setup.

Additional evaluations, including a cost-effectiveness analysis of the approach, are currently underway. For more information about CMAM Surge and to access tools, resources, and the latest evaluations visit: https://www.concern.net/resources/cmam-surge-approach
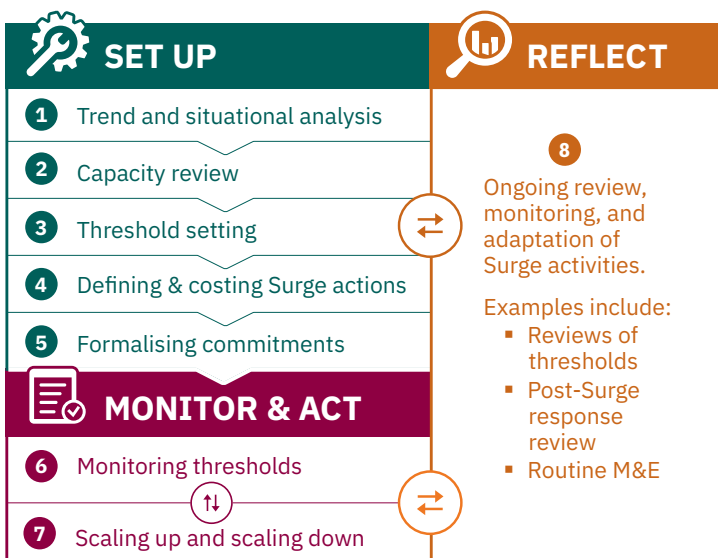

Figure 2: *The CMAM Surge Approach*

[1] United Nations Children's Fund (UNICEF), World Health Organization, International Bank for Reconstruction and Development/The World Bank. Levels and trends in child malnutrition: key findings of the 2019 Edition of the Joint Child Malnutrition Estimates. Geneva: World Health Organization; 2019 Licence: CC BY-NC-SA 3.0 IGO.

[2] UNICEF. 2014. Nutridash 2013: Global Report on the Pilot Year. New York: UNICEF. Available at: https://unicefeapronutritionwashtoolkit.files.wordpress.com/2017/09/unicef-global-nutridash-report-2013.pdf.

[3] Peter Hailey and Daniel Tewoldeberha (2010). Suggested New Design Framework for CMAM Programming. Field Exchange 39, September 2010. p41. www.ennonline.net/fex/39/suggested

[4] Burundi, Chad, Ethiopia, Kenya, Niger, Pakistan, and Surge for malaria in Sierra Leone. Concern also previously supported the approach in Uganda.

[5] CMAM Surge is also being implemented by Action Contre la Faim (ACF), COOPI, Croix-Rouge française (CRF), GOAL, Save the Children, and International Rescue Committee (IRC), and UNICEF.