

West Africa CMAM Surge Taskforce Webinars 2021

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WEBINAR SUMMARY REPORTS

The webinars were organised and supported by a number of organisations and partners:



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The West Africa Regional CMAM Surge Taskforce was created in Dakar in 2018 to provide a forum for sharing good practices, lessons learned, technical recommendations and guide the development of contextualised tools; thus contributing to the regional expansion of the CMAM Surge approach¹. This Taskforce includes Non-Governmental Organisations (NGOs), donors and United Nations (UN) agencies. There are approximately 30 members in the Taskforce. At the end of 2020, a decision was made to focus on learning webinars to bring the learnings on CMAM Surge from the region to a broader audience.

In 2021, two webinars were held. The first was held on the 5th June, to bring together partners to share lessons learned on the good practices essential for the sustainable scale up of the CMAM Surge approach. The second webinar, on the 3rd December, focused on sharing learnings and challenges relating to the implementation of the Health Surge² approach. There were 32 and 44 participants at the two webinars respectively.

This report summarises the key learnings from the two webinars. Concern Worldwide via the Enhanced Responses to Nutrition Emergencies (ERNE) programme funded by the European Union, is supporting the coordination of CMAM Surge activities and is driving the learning agenda of the Global CMAM Surge Technical Working Group (TWG). Learning generated via the West Africa CMAM Surge Taskforce and the two webinars contribute to the learning agenda.

- 1 Diane Moyer, Amanda Yourchuck et Patricia Hoorelbeke. Le rôle de la coordination dans le passage à l'échelle de l'approche « Surge » de prise en charge communautaire de la malnutrition aiguë en Afrique francophone de l'Ouest et du Centre. Field Exchange 64 French, May 2021. www.ennonline.net/fex/64/malnutritionafriquefrancophone
- 2 Erin McCloskey, Kate Golden and Amanda Yourchuck. Expanding CMAM Surge beyond nutrition – towards a broader Health Surge approach. Field Exchange 64, January 2021. p35. www.ennonline.net/fex/64/cmamsurgehealthsurge

WEBINAR 1:

Sharing of good practices for scaling up the CMAM Surge approach – Experience from Mali and Niger

The CMAM Surge approach was piloted for the first time in the Sahel in 2014 in Niger by Concern Worldwide (Concern), and since 2017, with funding from various donors, it has been implemented by nutrition actors in most Sahel countries (Mauritania, Chad, Niger, Mali and Burkina Faso), covering more than **70 health districts**.

Niger and Mali are two of the flagship countries in the Sahel region, which have seen strong engagement from government actors and scale up of the approach across the country. At this webinar, Concern and Save the Children International (SCI) presented lessons learned from recent evaluations. This was followed by a panel discussion with Ministry of Health (MoH) officials from Niger (Dr. Atte) and Mali (Dr. Bareye), and a representative from ECHO's West Africa Regional Office (Mr. David Rizzi).

Lessons learned from scaling up the CMAM Surge approach in the administrative regions of Kayes, Koulikoro, Segou, Mopti, Segou, Mopti, Tombouctou and Gao, in Mali (November 2020, SCI):

- The objective of the evaluation was to identify **good practices** and **lessons learned** after 3 years of implementation of CMAM Surge by 8 partners and to **produce recommendations** for the further scaling up of CMAM Surge in Mali.
 - SCI's role was to support NGO partners in the implementation of the CMAM Surge approach in the field and to ensure the lead at the central level with the Nutrition Sub-Division of the Ministry of Public Health and Hygiene.
- The main lessons learned and best practices included:
- 1. The creation of a CMAM Surge WhatsApp group** promoted competition between different health facilities (HFs) and implementing actors, encouraging them to advance and promote their interventions, thus acting as a stimulus for data collection and information sharing.
 - 2. Carrying out joint supervision in the HFs with SCI** made it possible to strengthen the knowledge of the HF staff on the CMAM Surge approach. It was an opportunity to remind and clarify certain aspects of the CMAM Surge approach that were not understood by the HF staff.
 - 3. The strong engagement and implication of state actors at a national and regional level** enabled the expansion of the approach to 8 administrative regions. However, there was often insufficient engagement in relation to Surge action plans and agreed actions were often not respected when thresholds were breached.
 - 4. Training on the CMAM Surge approach** helped to strengthen the skills of national, regional and local health actors and communities in the prevention and management of certain childhood illnesses and malnutrition (IMCI and CMAM). It also helped to better clarify the roles and responsibilities of the various actors in the health sector.
 - 5. Strengthened collaboration and coordination between the various health actors (e.g. reference hospital and health facility)** although not observed in all the health districts, where it was observed it reinforced the resilience of the population to respond to peak periods.

Lessons learned and innovations of the CMAM Surge approach in Tahoua, Tillabéri and Maradi, in Niger, (May 2021, Lasdel³ & Concern Worldwide):

- The aim of this evaluation was to identify the **key conditions** (critical paths, context and processes), **main factors and obstacles** to the **success and sustainability** of the implementation and ownership of the Surge approach in the different structures of the health system.
- Since its initial implementation in 2014, the CMAM Surge approach has been implemented in 5 of the 8 regions in Niger, with the support of 8 implementing partners.

Key criteria were identified in HFs where CMAM Surge was **functional**:

- The presence of certain HF staff, so called **'reformers'** - who significantly adapted, innovated or progressed the approach to suit the identified needs of the HF - was found to be very useful and key to its sustained implementation.
- Strong **engagement and understanding of the approach from a variety of actors** (e.g. HF staff, district health team, NGO, community members).
- **Joint supervisions** and integrating CMAM Surge into routine CMAM monitoring.
- Integrating CMAM Surge actions into **annual investment plans**.

On the other hand a number of **common trends** were observed in the HFs where CMAM Surge was **not functional**:

- **Insufficient ownership** of the approach by the HF staff, which led to minimal continuation of the activities at the end of a project, as it was perceived to be "an NGO activity".
- **Insufficient support** during the set-up phase, in particular in terms of human resources, impacting the understanding of the approach.
- **Turnover of HF staff**, meaning that those trained on the approach often leave the HF, leaving no-one trained on the approach when Surge is implemented.

A number of **key processes** were identified as needing improvement:

- **Threshold setting**: ensuring that thresholds are regularly reviewed and dynamic, with strong consideration of the capacity assessment.
- **The delay** between thresholds being breached and the Surge action being triggered needs to be reduced.
- **The dependency on the NGO** needs to be reduced. The responsibility should lie with the district health team.

3 Laboratory of Studies and Research on Social Dynamics and Local Development

In addition, a number of key points were raised from the panel discussion:

- The challenges faced with financing Surge actions was reiterated by MoH officials, in particular in more insecure zones, where it often occurs that in spite of the actions being formalised with local actors (such as mayors and community groups), when the threshold is breached the funds are not available and it is not possible for the engagement to be honoured.
- Important points were raised in terms of how best to promote the sustainability of the approach: focusing on close monitoring and support in the early stages of set up and; ensuring there is strong engagement from all HF staff and local level actors to promote ownership of the approach.

- For the scale up, recommendations from Mali included ensuring that all people who are trained on CMAM are also trained on CMAM Surge, and that the national strategy is updated regularly. The importance of this institutional anchorage was also reiterated by ECHO.
- It was noted that the CMAM Surge approach could help improve the resilience of health systems. To maximise this potential, a more holistic ‘health surge’ model should be considered, with continued promotion of the integration of wasting services. Considering this, funding sources should be diversified and types of funding cycles should be reviewed, with the focus shifting to multi-annual funding.
- Finally, it is essential that the approach remains simple. This has been an important aspect which has contributed to its success, which should not be lost with the focus on scale up and adaptation of the approach.

WEBINAR 2:

Health Surge approach

The evolution of CMAM Surge to a broader Health Surge approach is in its early stages. Based on the eight steps of Concern’s CMAM Surge model,⁴ pilots are underway to see if this approach could support the management of other childhood illnesses, particularly in response to seasonal changes in caseloads and shocks. The West Africa CMAM Surge Taskforce has played a critical role in the development of the Health Surge model by innovating, brainstorming and applying the CMAM Surge steps to other morbidities.

The Health Surge approach supports the real-time monitoring by Ministry of Health (MoH) staff of their health facility (HF) data of key illnesses and capacity changes so that the planning and allocation of resources to address caseload and capacity fluctuations can be flexible and occur before a HF is overwhelmed. It aims to strengthen HF management capacity and contribute to reinforcing health systems².

This webinar was a follow on from a Health Surge webinar in October 2020, when key stakeholders came together to discuss what a ‘Health Surge’ model might look like, the strengths, weaknesses, opportunities and threats of this transition. Three case studies outlining experiences to date were presented by Save the Children (SCI) Mali, Concern Worldwide (Concern) Niger, and Terre des Hommes (TdH) Burkina Faso. This was followed by a panel discussion with Dr. Atte (Direction de la Nutrition, Niger), Dr. Sahabi (Centre Hospitalier Régional Tahoua, Niger), Dr. Aminata Abdoulaye Kone (UNICEF Mali) and Ms Marie Sophie Whitney (ECHO Regional Office, Nairobi, Kenya).

4 Amanda Yourchuck and Kate Golden. The ‘CMAM Surge’ approach: setting the scene. Field Exchange 64, January 2021. p19. www.ennonline.net/fex/64/cmamsurgesettingscene

Key points from case studies:

- Alongside severe acute malnutrition (SAM), morbidities identified as a focus for the Health Surge approach were **diarrhoea, malaria, acute respiratory infection (ARI)** and **anaemia**. The rationale for their choice was that following analysis from epidemiological data, seasonal variations were observed and/or they were reported to have a significant impact on the workload of the HF.
- Variations were observed in how thresholds were set. Both Concern and SCI supported HFs to set up **individual morbidity thresholds**, with SCI using a factor of multiplication to guide the threshold setting, and Concern focusing on setting thresholds based on a conversation on capacity and caseload with key stakeholders. In addition, a **single ‘investigation’ threshold** based on the total consultations (all or curative consultations only) was set up in these HFs. While TdH, supported HFs to set up **combined thresholds** based on five key childhood morbidities (malnutrition, malaria, ARI, diarrhoea, anaemia).
- As is the case when setting CMAM Surge thresholds, a **good understanding of capacity** was noted as an important factor when setting appropriate Health Surge thresholds and ensuring they were not over or under estimated. In Niger, specific good practice included HFs revising individual morbidity thresholds when one morbidity threshold was crossed. In Burkina Faso, the **digitalisations of thresholds** has enabled their iterative revision according to the changing context.
 - » In Burkina Faso, the digitalised Surge tool is strongly linked with the national health information system and aims to support this system by providing complementary information on a variety of indicators.
- The health system building blocks were used to orient general surge action plans. In addition, disease specific action plans were drafted when individual morbidity thresholds had been set.
- Since set up of Health Surge, **‘Surge responses’ were triggered** in all three countries. In Burkina Faso, preparedness actions included supporting the Health Districts with additional human resources to strengthen the HFs, rehabilitating the drug storage warehouses and pre-positioning contingency stocks. In Niger, 33% of HFs implementing Health Surge had crossed a threshold and some of the Surge actions included: reinforcing community screening, reorganising delivery of services and providing free access to health care on the market day during the peak period.
- Some of the suggestions proposed to **increase sustainability of the approach** included: improving on capitalising and sharing outcomes of Health Surge projects; integrating the approach into national strategies; diversifying the sources of funding for the Surge actions and; increasing ownership of state actors during the training of HF staff.
- COVID-19 didn’t impact the setting up of Health Surge in Niger, while in Mali the impact was felt at the beginning of the pandemic. Here there was a reduction in the frequency of visits to HF, however the team reported that because of the strong implication of community in the set-up phase, they were able to leverage the community groups to support the dispelling of myths on COVID-19 and promote disease prevention.

A number of key topics were raised and discussed during the panel discussion:

- One of the areas of significant discussion has been how to ensure that Health Surge does not take away from other health system strengthening efforts and rather contributes to building resilient and shock resistant health systems. The general sentiment from the webinar was that **Health Surge was contributing to Health System Strengthening efforts**. Examples given related to the generation and analysis of data and the capacity analyses undertaken at field level which enable health structures to have a good overview of their workload and a solid understanding of the main diseases that most frequently occur in their catchment areas. This can enable a reactivation of the integrated disease surveillance system at the health centre level and empower health centres to respond to localised changes in capacity or caseloads. When thresholds are reached, the health care workers know what they should do to ensure that they provide quality services and that the minimum basic package of services is not compromised. In addition, Health Surge strengthens the collaboration between the different health actors, community groups and the broader population through the use of consultations to discuss and find solutions to issues as they arise, ensuring that everyone can contribute to their resolution.
- One of the weaknesses identified during the SWOT⁵ in October 2020 was the risk of **low ownership of the approach by health workers**. This was observed in the case studies as a key factor for the sustainability of the approach and the point was reiterated during the panel discussion with acknowledgement that engagement and ownership is needed by the health authorities and the communities. It is essential that they are involved from the beginning. In the case of Niger, the fact that health structures were already familiar with CMAM Surge helps with the engagement and sense of ownership of Health Surge.
- Ensuring the **integration of CMAM services into routine primary health care services** is a global priority at this time. The panellists agreed that progress has been made but that there have been challenges in the integration of CMAM. Health Surge provides an opportunity to improve and make integration effective. The approach also enables the health services to tackle challenges relating to stock management, which is a weakness in terms of CMAM, as well as to improve management of data.
- Among the threats identified in the 2020 SWOT analysis were that **Surge responses are often slow, and/or that Surge actions are not funded**. The case studies also highlighted that funding for Surge actions remains a challenge. It was acknowledged that continuous funding of nutrition programmes is, in general, a challenge and that it is encouraging to see how humanitarian responses to support populations are being provided not only by humanitarian actors (i.e. NGOs) but also by health authorities. However, it is necessary to find ways to allocate financial contributions that optimise these contributions and ensure better efficiencies in the way we work – that is, by analysing the trends and being more reactive.
 - » ECHO shared how it is undertaking a reflection on multi-annual funding. While this is still ongoing, the positive developments on the ground in West Africa are encouraging for ECHO. ECHO is currently funding a Concern programme (*Enhanced Responses to Nutrition Emergencies*) in five countries, which is supporting CMAM Surge implementation and exploring the Health Surge approach. As this is a three-year programme, ECHO has the opportunity to monitor, document and learn from the outcomes and different cycles.

5 Strengths, Weaknesses, Opportunities and Threats analysis completed as part of a West Africa CMAM Surge Taskforce meeting in October 2022.

- » Ultimately, the issue of longer-term funding links back to the nexus discussion and involves engaging with development partners to see how to **increase the links between shorter-term humanitarian financing and longer-term development financing** provided via development actors or by national institutions. There is not an easy answer, but the continuous engagement in and ownership of actions such as Health Surge by the authorities means that in the future these actions can form part of national strategies and plans and therefore be financed under budget support.
- » Examples were shared from Niger on **how sustainable sources of financing have been found** for CMAM Surge actions, such as community groups supporting with human resources during peak periods; and ministries at national level coordinating to ensure financing is available via the 'Common Fund'. It is acknowledged that it is now necessary to find ways to link Health Surge activities to the Common Fund, and to integrate Health Surge into the annual and multi-annual plans of the Ministry of Health.
- It was highlighted that the Surge approach and simplified approaches are referenced as part of the UNICEF Global Action Plan (2020 – 2025), under Outcome 4 (*Improved treatment of children with wasting by strengthening health systems and integrating treatment into routine primary health services*) and will continue to be supported by UNICEF Mali. For example, UNICEF Mali will support a capitalization workshop which is being planned to further generate and consolidate evidence on the Health Surge approach and support its scale up, with a longer term vision of working towards integrating the approach into national protocol.

Recommendation:

- Continue to build the evidence base for the Health Surge approach, engaging health actors and further exploring how Surge can better contribute to strengthening health systems.

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