



Global CMAM Surge Approach: Facilitator's Guide



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Acronyms

CHW	Community Health Worker
DHMT	District Health Management Team
ECHO	European Commission Humanitarian Aid Office
HF	Health Facility
FGD	Focus Group Discussion
KII	Key Informant Interview
MAM	Moderate Acute Malnutrition
MUAC	Middle Upper Arm Circumference
NGO	Nongovernmental Organisation
RUTF	Ready To Use Therapeutic Food
SAM	Severe Acute Malnutrition
UN	United Nations
UNICEF	United Nations Children's Fund
WFP	World Food Programme

Introduction to the Facilitators' Guide

The Global CMAM Surge Approach: Facilitators' Guide is intended to be used with the Global CMAM Surge Approach: Operational Guide and Toolbox (respectively referred to in this document as the Facilitators' Guide and Operational Guide). It is aimed at Ministry of Health management teams and other partners (international and national) who plan to use the CMAM Surge Approach for nutrition activities in health systems. It is in line with national guidelines for Community-based Management of Acute Malnutrition (CMAM) or the Integrated Management of Acute Malnutrition (IMAM) and uses a Health System Strengthening approach.

What is the Facilitators' Guide?

The Facilitators' Guide complements the Operational Guide. They are used together to train District Health Management Teams on the CMAM Surge Approach. The Facilitators' Guide consists of:

- A suggested agenda and session plans to train DHMTs and key district-level actors in the approach and guide
- Key points for facilitation during each step of the set-up phase at HF level
- An example agenda for DHMT staff to adapt and use when facilitating set-up of the CMAM Surge Approach within HFs

Aim of the Facilitators' Guide

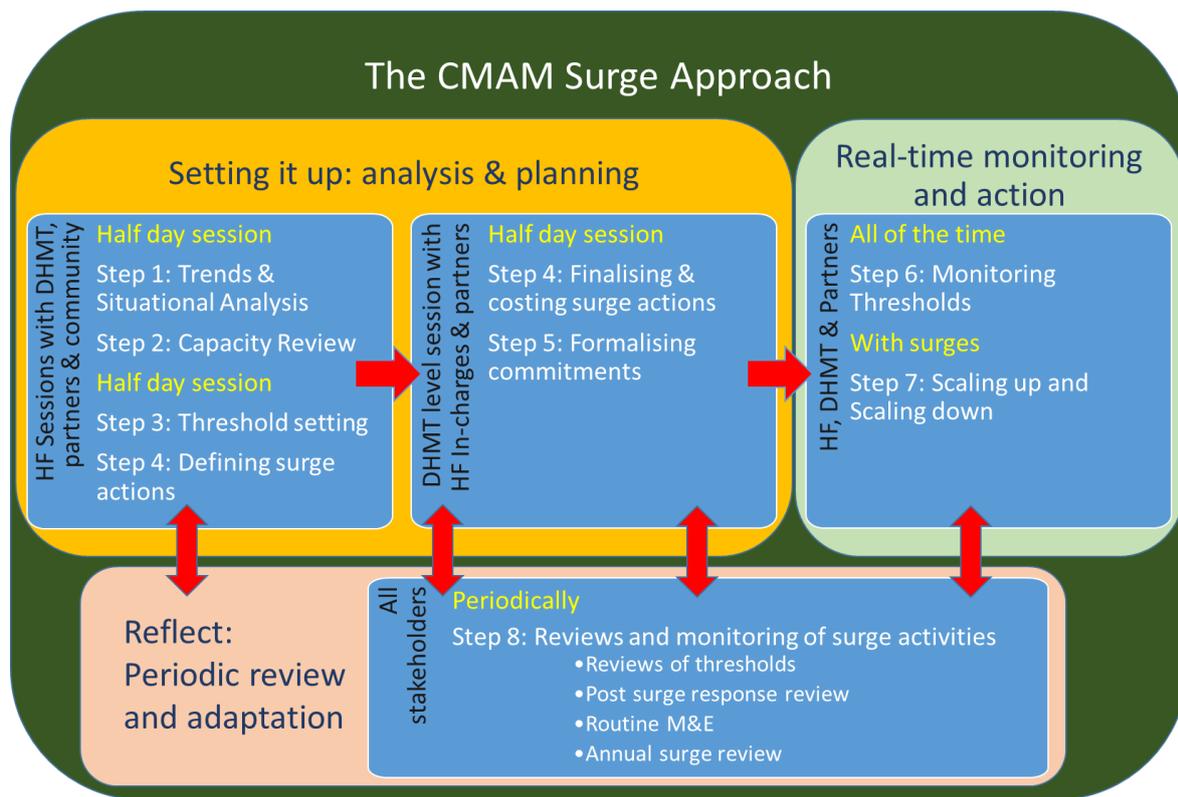
To enable health management teams to facilitate set up of the CMAM Surge Approach at the Health Facility and to prepare the DHMT to manage the Surge Approach implementation by ensuring that they are familiar with the Surge Guide and have the skills to lead HFs in the key steps.

Training objectives – workshops for district-level facilitators

- To ensure the DHMT and District Partners have a good understanding of the CMAM Surge Approach and its value
- To ensure the DHMT and District Partners are familiar with the guide and tools and have the skills to set up the CMAM Surge Approach within the HFs and DHMT structures

Overview Diagrams of the CMAM Surge Approach

The below figures are useful to have on hand and provide an overview of the CMAM Surge Approach, highlighting both the process and the contents of the toolkit.



CMAM Surge Approach - Toolkit Overview					
HF focus Timing	Process	Tools			
		HF focus	DHMT focus	All	
	Country-level adaptation for the Surge Approach			Facilitators' Guide	
Stage 1: Setting it up – analysing and planning					
Allow 2-3 weeks	Preparation for set up				
1/2 day session at the HF	Step 1: Trends & Situation Analysis	Tool 1, 2 & 3			
	Step 2: Capacity Review	Tool 4, 5 & 6	Tool 19		
1/2 day session at the HF	Step 3: Threshold Setting	Tool 7 & 8	Tool 20 & 21		
	Step 4: Defining & Costing of Surge Actions	Tool 9 - 12	Tool 22 & 23		
District-level 1/2 day session	Step 5: Formalising Commitments	Tool 13 & 14			
Stage 2: Real-time monitoring and action					
All the time	Step 6: Monitoring Thresholds	Tool 15, 16 & 17	Tool 24		
With surges	Step 7: Scaling Up & Scaling Down				
Periodically	Step 8: Reviews & Monitoring of surge activities	Tool 18			

Preparation for workshops for district-level facilitators

Prior to starting a workshop with district-level staff, there are numerous things that should be prepared in advance.

Participants need to be selected and invited to the workshop. Ideally, 20-25 participants attend a workshop, with a firm maximum of 30 people.

Information to share with participants before the workshop

- Ask participants to prepare and bring certain data to the workshop:
 - Number of new admission per month for the previous 2 years for:
 - SAM
 - MAM, if services are offered at the HF
 - Diarrhoea
 - Pneumonia
 - Key relevant illnesses, e.g. Malaria
 - Number of patients seen per day from the HF register throughout the 2 years, to establish:
 - Average for the year
 - Range
 - Fluctuations throughout the year
- Participants will get much more out of the workshop if they read the CMAM Surge Operational Guide prior to arrival

Materials required

ITEM NEEDED	NUMBER NEEDED
<i>Equipment</i>	
Projector and laptop (if not available, printouts and flipcharts can be used instead)	1
<i>Stationery and materials</i>	
Notepad	1 per participant
Pen	1 per participant
Flipchart paper	1 roll per small group (maximum of 6 per group)
Marker pens	1 per participant
Large size post-it notes (or small cards)	3 packs
Tape or blu tack (for hanging flipcharts)	2 rolls or packs
Name tags	1 per participant
Small 'prize', such as sweets (session 10)	1 for each of the winning group (Session 10)
<i>Documents or print outs</i>	
CMAM Surge Facilitators' Guide	1 per facilitator, 1 per participant (or copy of components for district-level facilitators)
CMAM Surge Operational Guide	1 per participant, 1 per facilitator
Workshop Agenda	1 per participant, 1 per facilitator
Attendance sheets	1 per workshop day
Country-specific CMAM Capacity Assessment Tool	1 per group
Tool 10 Summary of surge actions form	1 per group
Printout of blank page of Tool 12 Costing Matrix	1 per group
Tool 13 Surge Actions Work Plan	1 per group
Tool 16 Monitoring Wall Charts	1 per group

Country-specific M&E Framework	1 per participant
Blank printout of Tool 21 DHMT Threshold Setting Worksheet	1 per group
Printout of the example HF-level agenda (Annex 2)	1 per participant (if not giving the full facilitators' guide)
Workshop evaluation form	1 per participant
<i>Data</i>	
HF data per district from one small HF	1 set per group or use mock data
<i>Optional</i>	
1 computer per 3-4 people (Session 10)	
Flash drives with the toolbox	

Flipcharts to prepare

- Session 2: Write the role play scenario on a flip chart as well as workshop learning objectives
- Session 13, Roll out plans for each district: write out on a flipchart the guidance for the session provided in the session.
- Throughout workshop: Print out or make a flipchart version of the overview diagrams of the CMAM Surge Approach (Figure 2 and Figure 3 of the Operational Guide, also included above on p.5) to keep on the wall and refer to during the workshop.

Adaptations and preparation of training sessions

- Sessions 3 & 4: Prepare/adapt slides for the introduction sessions, as preferred.
- Session 3: Prepare presentation/discussion about the plans for introduction of the CMAM Surge Approach within the country.
- Session 8: Tool 10 should be adapted to ensure enough space for writing on it before printing it
- Session 9: Consider the types of agreements that are used in your specific country context to be able to discuss this appropriately.
- Session 10: If it is not possible to have 1 computer for every 3-4 people, then the Costing Matrix and the DHMT dashboard can be presented in plenary or the exercise omitted entirely.
- Session 11 – Monitoring and Evaluation: Wherever surge will be implemented (nationally or in certain districts), the routine monitoring and evaluation framework and procedures should have been considered and agreed prior to training. This system should be explained during the workshop, so information should be sought out ahead of time. Consider adapting Session 11 to tailor it to that system.

Decisions on training sessions and use of tools

These decisions should be taken at a higher level prior to training district-level facilitators and the outcome will be used to adapt this training. Alternately, the decisions need to be taken.

- Sharing the Toolbox: Decide how tools will be shared, i.e. flash drive, email, etc. If flash drive, flash drives will need to be purchased, one for each participant (or possibly one per district) and the information will need to be copied onto each one.
- Session 6: Decide if Annex 3 (objective assessment of workload capacity) will be used. If so, incorporate into the session.
- Facilitators' Guide: DHMT facilitators will need to receive either a) components of this Facilitators' Guide or b) the whole guide in order to set-up the approach within HFs and the DHMT. These options need to be considered and decided in order to prepare the materials.

Suggested Workshop Agenda

Time	Duration	Session, content and activity	Methodology	Objective	Resources Required
DAY 1					
Introduction of the workshop, the CMAM Surge Approach and the Toolkit					
08:30-08:45	15 minutes	Session 1: Welcome A. Welcome participants and introduce workshop topic B. Key facilitator introduction C. Introduction of participants	Plenary	<ul style="list-style-type: none"> - To acknowledge subject of the workshop - To introduce the facilitators - To get to know each other 	
08:45-09:45	1 hour	Session 2: Overview of the workshop A. Understanding what CMAM Surge is B. Workshop objectives and review of agenda C. Workshop rules & Housekeeping (logistics, admin, security)	Role play Plenary Plenary	<ul style="list-style-type: none"> - To begin to raise awareness of how the surge approach does things differently - To ensure participants know what to expect and can concentrate on the workshop 	Role play information Flip-chart with Objectives; Agendas
09:45-10:10	25 minutes	Session 3: Introduction to CMAM Surge Approach A. Background and Theory of CMAM Surge Approach B. The Surge Approach in the country	Presentation	<ul style="list-style-type: none"> - Understand where the approach has come from - Introduce the CMAM Surge Approach concept - Understand how it fits into what will be implemented in the country 	Projector
10:10-10:30	20 minutes	Session 4: Brief overview of the CMAM Surge Toolkit A. Components of the Toolkit and the Key Steps of the CMAM Surge Approach	Presentation	<ul style="list-style-type: none"> - To start to become familiar with the CMAM Surge Toolkit 	Projector, Operational Guides, Flash drives
10:30-10:45	15 minutes	Tea Break			

Time	Duration	Session, content and activity	Methodology	Objective	Resources Required
Putting in place the CMAM Surge Approach					
10:45-12:15	1 hour 30 minutes	Session 5 Step 1: Trends & Situation Analysis A. Practical experience undertaking the step – developing the charts and analysis B. Key points for facilitation	Group work Plenary	To be able to carry out and facilitate a trends and situation analysis and use the tools	Flipchart paper, markers, data
12:15-13:15	1 hour	Lunch			
13:15-15:45	2 hours 30 minutes	Session 6 Step 2: Capacity Review A. Practical experience undertaking the step – General CMAM Gap Analysis, Reflection on HF capacity to handle surges, Establishing what a ‘normal’ caseload is, and Prioritising HFs B. Key points for facilitation	Work in pairs Group work Round table Plenary	To be able to review the capacity of HFs during normal times and to handle surges as well as facilitate the process and use the tools within the step	Flipchart, markers, data, country specific CMAM capacity assessment tool
15:45-16:00	15 minutes	Tea Break			
16:00-17:20	1 hour 20 minutes	Session 7 Step 3: Threshold setting A. Practical experience undertaking the step – setting thresholds B. Key points for facilitation	Group work	To be able to carry out and facilitate threshold setting and use the tools within the step	HF data
17:20-17:30	10 minutes	Wrap up for the day Brief summary of the day and addressing any question	Plenary		
Day 2					
08:30-09:55	1 hour 25 minutes	Session 8 Step 4: Defining surge actions at the HF level A. Practical experience undertaking the step – defining surge actions B. Key points for facilitation	Group work Gallery viewing	To be able to define surge actions and facilitate the process and use the tools within the step	Flipcharts, post-it notes

Time	Duration	Session, content and activity	Methodology	Objective	Resources Required
09:55-10:10	15 minutes	Tea Break			
10:10-11:50	1 hour 40 minutes	Session 9 Step 4: Finalising and costing surge actions at the DHMT level Step 5: Formalising commitments A. Practical experience undertaking the step – Developing agreements and finalising and costing surge actions B. Key points for facilitation	Brainstorming Round table	<ul style="list-style-type: none"> - To be able to lead the finalisation and costing of surge actions as well as the development of work plans and agreements - To be able to use the tools within the steps 	Flipcharts, markers, printout from Tool 12, printout of Tool 13
11:50-12:35	45 minutes	Session 10 Step 6 & 7: Monitoring thresholds, scaling up and scaling down A. Practical experience undertaking the step – monitoring thresholds, developing a communication tree, electronic tools B. Key points for facilitation	Debate Group work Computer work in pairs	<ul style="list-style-type: none"> - To be able to carry out and facilitate threshold monitoring as well as the activation and deactivation of surge - To be able to use the tools within the steps 	Flipchart, markers, small prize, printout of Tool 16, computers (1 per 3-4 people)
13:35-14:50	1 hour 15 minutes	Break for lunch after debate			
12:35-13:35	1 hour	Lunch			
14:50-15:35	45 minutes	Session 11 Step 8: Monitoring & Evaluation A. Practical experience undertaking the step – periods of reflection B. Key points for facilitation	Plenary discussion	<ul style="list-style-type: none"> - To reflect on the importance of regular review and adaptation - To understand how the approach will be monitored and be able to put it into place 	Context specific surge M&E framework
15:35-15:50	15 minutes	Tea Break			
15:50-16:00	10 minutes	Wrap up for the day Brief summary of the day and addressing any question	Plenary		

Time	Duration	Session, content and activity	Methodology	Objective	Resources Required
DAY 3					
08:30-10:15	1 hour 45 minutes	Session 12 DHMT level surge A. Practical experience undertaking the step B. Key points for facilitation	Plenary Q&A Group work	To understand and be able to implement the CMAM Surge Approach at the DHMT level, using the tools available.	Flipcharts, blank printout of Tool 21
10:15-10:30	15 minutes	Tea Break			
Managing the CMAM Surge Approach					
10:30-11:10	40 minutes	Session 13 Roll out plans for each district A. Developing roll out plans and presentation of example HF-level agenda	Group work	To provide the opportunity for health teams to define next steps for the surge approach in their individual contexts	Flipcharts, Printout of example agenda
11:10-11:50	40 minutes	Session 14 Other sections of the guide and Pending Questions on Implementation A. Informal discussion browsing through the Operational Guide B. Pending Questions on Implementation	Plenary Plenary	<ul style="list-style-type: none"> - To provide a thorough knowledge of all of the resources available in the Operational Guide - To ensure that everyone feels confident in what they have learned during the workshop 	Operational guides
11:50-12:05	15 minutes	Session 15 Wrap up A. Workshop evaluations B. Closing of the workshop	Individually Plenary	<ul style="list-style-type: none"> - To receive feedback on the workshop in order to improve them in the future. - To appreciate participants for their involvement in the workshop 	Workshop evaluation forms

Session guidance

The session guidance is divided into three sections: the first introduces the workshop, the CMAM Surge Approach and the toolkit, the second practices the steps to set-up the Surge Approach at the HF and district level, while the third prepares the district level to manage the Surge Approach.

Introduction of the workshop, the CMAM Surge Approach and the Toolkit

Session 1. Welcome

Session overview (15 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Welcome participants and introduce workshop topic</i>	5 minutes	
B.	<i>Key facilitator introduction</i> Introduce yourself and any other facilitators and your role(s)	5 minutes	
C.	<i>Introduction of participants</i>	5 minutes	

Details of each session

A. *Welcome participants and introduce workshop topic*

- Acknowledge the range of where the participants have come from as well as the range of positions of the participants
- Briefly introduce the topic of the workshop, without giving too much detail – this will come out during the introductory role play where people will get an understanding of why surge will help. You could say something to the effect of:
“We are here to become facilitators of the CMAM Surge Approach, assisting to set surge up within health facilities and districts. The surge approach will allow our health system to better anticipate and manage spikes in malnutrition that are seen by health facilities.”

B. *Key facilitator introduction*

- Briefly introduce yourself and any other facilitators, including your roles during the workshop
- Each facilitator should mention their position, where they are based and their experience with CMAM surge

C. *Introduction of participants*

- Ask participants to introduce themselves, including the following information:
 - Their role
 - How long they have been working in the health system
 - Their expectations for the workshop – a facilitator should capture the expectations on a flipchart

Session 2. Overview of the workshop

Session overview (1 hour)

	Procedure	Timing	Materials/preparation
A.	<i>Understanding what CMAM Surge is</i> Role play	40 minutes	Role play prewritten out on a flipchart (or presentation)
B.	<i>Workshop Objectives and review of agenda</i> Run through the workshop objectives and the agenda	10 minutes	Objectives prewritten out on a flipchart Workshop agenda
C.	<i>Workshop rules & Housekeeping</i> Establish workshop rules and give housekeeping information	10 minutes	

Details of each session

A. *Understanding what surge is – Role play*

It is important from the start of the workshop that participants understand why the surge approach has been developed and associate it with their own experiences. A role play is the strongest way to bring key points across.

The role play can be either presented by PowerPoint (see 4 slides below) or written out on flipcharts.

- Request volunteers to participate in a role play:
Roles required: HF staff, beneficiaries, Community representatives, NGO staff, district and national MoH staff, UNICEF, WFP, donors, etc. (more individuals can be added as appropriate): *see slide 1*
- Other participants are asked to be active observers and they will be asked to comment as the role play unfolds
- Briefly describe the scenario where there has been a sudden and significant increase in cases of severe acute malnutrition (SAM) at a HF (from 20 to 120 new admissions in one month): *see slide 2*
- Starting with the HF level, the actors role play what would happen in such a situation during a standard (non-surge model) approach
- After 5-7 minutes the role play is stopped and the observers are asked for their comments
- Then provide additional information to add to the scenario referring to ‘after some time’– a new NGO with a lot of money suddenly arrives in the area: *see slide 3*
- After another 5-7 minutes the role play is stopped for further comments from the observers
- Lastly the situation improves and numbers of children with SAM reduce: *see slide 4*
- Comments requested from observers.
- Spend a final few minutes where all participants reflect on the scenario and how it unfolded
- Summarise the key points that came out of the role play and the discussion. If the following points did not come out, highlight them:
 - When the emergency hits, it is usually a scramble to figure out what to do as no or few plans are in place and nothing is ready
 - There is usually a delay in the response
 - The response sometimes replaces existing capacity, instead of supporting it

Role Play: raising awareness for CMAM Surge Approach	
SESSION 2 – ROLE PLAY Volunteers	SCENARIO – at the onset of the emergency
<ul style="list-style-type: none"> ○ Health Facility Staff x 2 ○ District Health Staff x 2 ○ Regional Health Staff x 2 ○ National Health Staff x 2 ○ UNICEF x 1 & WFP x 1 ○ NGO Staff x 2 ○ Donor (ECHO) x 1 ○ Community (CHW x 1, Mother x 2, Mother with SAM child) <p>➤ Others - Observers</p>	<ul style="list-style-type: none"> ✓ El Nino has arrived, the rains are heavy. ✓ There is flooding along the main river and within the village. ✓ Crops along the river are largely destroyed – and the harvest was about to happen. ✓ Although major roads are still passable, smaller roads linking farmers to the village market can now only be passed on foot (affects agricultural products arriving to markets). ✓ The local Health Facility starts receiving additional cases of diarrhoea and pneumonia. ✓ Within one month there is a significant increase in SAM cases (from 20 new admissions the previous month to 120 new admissions this month). The cases become overwhelming for the 2 HF staff. ✓ At least 3 districts are affected with significant increases in SAM and communicable diseases
The CMAM Surge Approach	The CMAM Surge Approach
SCENARIO – some time later	SCENARIO – a few months later
<ul style="list-style-type: none"> ✓ Coordination meetings are being called at national and sub-national level ✓ A large amount of RUTF and MUAC supplies suddenly arrives at the health facility ✓ An NGO does a rapid assessment of the health facility and the villages (HF visit, FGDs, KIIs, etc. etc.) ✓ Donors are calling for meetings with UN and other stakeholders ✓ An NGO comes into the village/health facility with a significant amount of money but it is only for the treatment of SAM 	<ul style="list-style-type: none"> ✓ After 3 months new admissions for SAM start to decrease significantly and return back to 20 per month ✓ NGO is still doing mass screenings and has put their own staff in to manage SAM cases ✓ After another 3 months the money from the donor starts to be reduced
The CMAM Surge Approach	The CMAM Surge Approach

B. Workshop objectives and review of the training agenda

- Discuss each of the workshop objectives (below) which should be prewritten on a flipchart.
- Make sure the flipchart with the objectives remains visible throughout the workshop so it can be referred to.
- Run through the workshop timetable and ensure all participants are happy with the content and timing and it meets their expectations in terms of subjects covered.

Workshop Learning Objectives
<p><i>By the end of the workshop participants will:</i></p> <ul style="list-style-type: none"> • Be oriented on the CMAM Surge Approach • Have considered and be able to anticipate how the situation will evolve in terms of key morbidities and other factors affecting nutrition and the implications for health services • Better understand what actions can help health facilities prepare, scale up and scale down nutrition services for acute malnutrition • Be prepared to facilitate the implementation of the CMAM Surge Approach • Have developed a local work plan for rolling out the CMAM Surge Approach

C. Workshop rules & Housekeeping (logistics, admin, security)

- In plenary ask participants to establish rules on how participants should behave during the workshop. The facilitator should note them on a flipchart. Specific topics to cover should include the use of mobile phones and laptops. This flipchart should be visible throughout the workshop and referred to if people do not comply with these norms.
- Provide information on the venue, i.e. restrooms, tea breaks, lunch etc.
- Indicate the person available to talk to about any pending financial issues, i.e. per diem, transport, etc.
- While you should keep this as brief as possible, cover the things that are necessary as these can distract people from the workshop if they are worried about something.

Session 3. Introduction to the CMAM Surge Approach

Session overview (25 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Background and Theory of CMAM Surge Approach</i>	20 minutes	Computer and projector
B.	<i>The Surge Approach in the country</i>	5 minutes	

Details of each session

A. Background & Theory of the CMAM Surge Approach

- The PowerPoint presentation that comes with the Facilitators' Guide can be used or adapted for this session. It also includes some notes on what to cover for particular slides. The aim of the session is to briefly outline:
 - Where the CMAM Surge Approach came from
 - The main concept and theory of the approach
 - The main objectives and principles of the CMAM Surge Approach
 - What the CMAM Surge Approach is and is not

Introduction presentation with notes

CMAM Surge Approach – History

2009
Concern Uganda implements initial surge approach concepts during periods of high GAM.

2010
Article in Field Exchange in 2010 to address issues with 'start-stop' type emergency nutrition programmes:
Hailey P and Tewoldeberha D. Suggested New Design Framework for CMAM Programming. Emergency Nutrition Network, 2010, issue 39.

2012
Concern Worldwide further works on the idea, developing it into a full approach and begins pilot in Kenya with MOH and support from ECHO.
Concern Uganda again uses the approach in response to peaks in SAM admissions.

2014
Concern Kenya completes pilot with expansion to other counties by Save the Children and World Vision.
Niger begins preparatory work to bring the concept to country.

2016
Kenya adopts the IMAM Surge Approach as national policy and rolls out in priority areas.
Global toolkit and operational guidance is developed with input from practitioners from 9 countries through 3 workshops. Further piloting and use to begin in new countries.

CMAM Surge Approach – Concept & Theory

The graph plots 'Caseload of acute malnutrition' on the y-axis against 'Time' on the x-axis. It shows a 'baseline capacity gap' and a 'Caseload threshold'. A 'new threshold' is indicated by a dashed line. The graph illustrates 'Seasonal increase', 'Surge support', and 'Full blown emergency' peaks. A blue arrow at the bottom indicates 'Longer term health system strengthening efforts' leading to 'Capacity of the health system'. The y-axis is also labeled 'Health system capacity'.

*Adapted from P. Hailey and D. Tewoldeberha, ENN, 2010, issue 39

CMAM Surge Approach – Background

What used to happen

- Protracted process to declare recurrent 'emergencies' or increases in malnutrition prevalence
- Delay in onset of meaningful change in capacity at health facility to respond to peaks in SAM admissions
- Emphasis on external support in times of increased malnutrition and little focus on the time in-between spikes

Effects of old model

- Too little too late
- Shortage of external support initially, and wasteful later
- Decision on resources is far removed from the people who face the actual challenge
- Lost investment as programmes are closed during time in-between spikes

The CMAM Surge Approach

CMAM Surge Approach – different approach

Old Model	Surge Model
Acute Malnutrition is only during emergencies	There are acutely malnourished children all the time
Focus on response for emergencies	Focus on building systems to make the health system adaptive
Relies on survey thresholds to initiate emergency response	Relies on local capacity to initiate action within the health system, with support provided from the next level up
Prevalence	Caseload and capacity
Outward looking	Focusing on health system itself
Decisions made at national or district level often based on surveys	Decisions focus at facility level with link to district/locality level
Strong link often to int'l NGOs	Strong link with Health Management Team with involvement of partners

The CMAM Surge Approach

This slide depicts CMAM before efforts to integrate into health services began; therefore, in more recent times, this has improved, not only with the CMAM Surge Approach but more holistically.

Again, the 'old model' has progressed and isn't this extreme anymore, but this slide does demonstrate the general evolution of thinking that is encompassed within the CMAM Surge Approach.

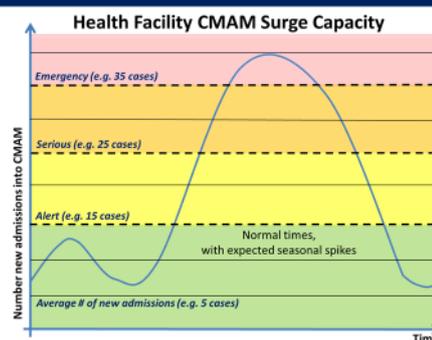
CMAM Surge Approach – Aim & Objective

The aim of the CMAM Surge Approach is to make health systems more resilient over time by making them better able to cope with periodic peaks in demand for services for acute malnutrition - when the potential to save lives is often greatest - without undermining the capacity and accountability of government health actors.

The specific objective of the approach is to help health systems better anticipate, prepare for and deliver services for the treatment of acute malnutrition during those periods of high demand when the potential to save lives is greatest, without negatively affecting the delivery of other services or undermining the capacity of government health actors.

The CMAM Surge Approach

CMAM Surge Approach



The CMAM Surge Approach

Explain more in detail what the surge approach is:

- Thresholds are set for different phases based upon the capacity of each individual HF
- Actions are pre-defined for each phase and these will be triggered once a threshold has been surpassed. These actions are aimed at increasing the capacity of the HF so that they can manage the increased caseload of SAM without adversely affecting services.
- There are 8 steps for the set-up and implementation of the approach

CMAM Surge Approach – Underlying Principles

- Government led
- Efficient
- Strengthens Health System Resilience
- Adaptable and Flexible
- Innovative
- Participatory, promoting transparent partnership
- Contributes to Health System strengthening
- Sustainable

The CMAM Surge Approach

Notes: See page 11 of the Operational Guide for details of each principle.

CMAM Surge Approach – What it is and what it is not

What CMAM surge is	What CMAM surge is not
Contributes to health system strengthening (HSS)	Not a comprehensive HSS approach
Encourages the MOH to lead, with support provided by partners when the MOH decides that they do not have the capacity to respond	Does not involve an expatriate team of technical specialists
Introduced in a non-emergency time to help prepare and strengthen existing capacity	Not an intervention that should be started during the peak of an emergency
May improve coverage indirectly	Not primarily an approach to improve coverage
A means to trigger action based on the HF's capacity to respond to increasing caseloads of SAM	Not a response based on the broader indicator of the prevalence of acute malnutrition

The CMAM Surge Approach

B. The Surge Approach in the country

- Explain to participants how the CMAM Surge Approach will be implemented in the country, i.e. whether it will be at a national level or only piloted in one or a few districts. It is important that they understand their part of the larger initiative.
- Ensure that participants also understand that since the approach is still young, in addition to the fact that regular learning improves the relevance of the approach for better response, learning will later be incorporated to improve the global guidance. In other words, **feedback is gold!**

Session 4. Brief overview of the CMAM Surge Toolkit

Session overview (20 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Components of the Toolkit and the Key Steps of the CMAM Surge Approach</i>	20 minutes	Operational Guides Flash drives with the toolbox, if distributing them Computer and projector

Details of each session

A. *Components of the Toolkit and the Key Steps of the CMAM Surge Approach*

- Distribute one Operational Guide to each participant.
 - If sharing the tools via flash drive, these should be distributed now as well. If not, then talk about how the tools will be shared.
 - Encourage participants to refer to their guide throughout the training so they familiarise themselves with the content.
- Present the CMAM Surge Approach Toolkit, either using the below PowerPoint presentation and associated notes, or adapted for this session.

Components of the Toolkit and Key Steps presentation with notes

CMAM Surge Approach – Toolkit	CMAM Surge Approach – Operational Guide Contents
<ul style="list-style-type: none"> ✓ CMAM Surge Approach – Operational Guide ✓ CMAM Surge Approach – Toolbox ✓ CMAM Surge approach – Facilitators’ Guide <p style="text-align: right; font-size: small;">The CMAM Surge Approach</p> <p>There are three components – the Operational Guide, the toolbox and the Facilitators’ Guide. The Operational Guide gives detailed guidance on how to do each step and also includes all the tools. The toolbox is a separate folder with all the tools in editable formats as well as PDF version. The Facilitators’ Guide is to train people (DHMT staff and other district-level stakeholders) to become facilitators to set-up the CMAM Surge Approach</p>	<p>Part A: Introduction – The CMAM Surge Approach Part B: Implementing the CMAM Surge Approach focusing on the Health Facility Part C: The Surge Approach focusing on the DHMT and RHMT Part D: Other Considerations</p> <p style="text-align: right; font-size: small;">The CMAM Surge Approach</p>

CMAM Surge Approach – Operational Guide

Part B: Implementing the CMAM Surge Approach focusing on the Health Facility

✓ 8 Steps in 2 Stages

- Stage 1: Setting it up – Analysing and planning for the Health Facility Level
 - Step 1: Trends and situational Analysis
 - Step 2: Capacity review
 - Step 3: Threshold setting
 - Step 4: Defining and costing surge actions
 - Step 5: Formalising commitments
- Stage 2: Real-time monitoring and action
 - Step 6: Monitoring thresholds
 - Step 7: Scaling up and scaling down surge actions
 - Step 8: Reflect – regular review and adaptation

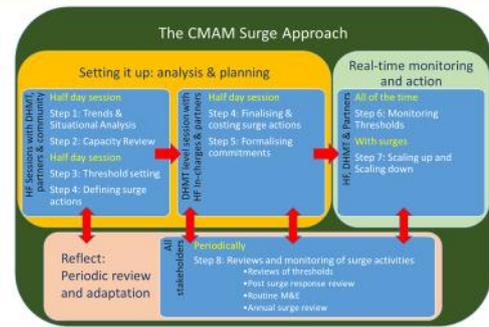
Part C: The Surge Approach focusing on the DHMT & RHMT

The CMAM Surge Approach

Part C follows the same steps as Part B.

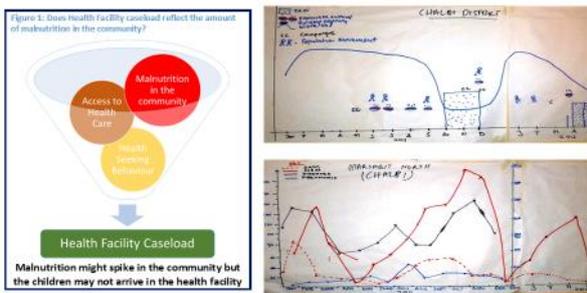
The difference is that in Part B, everything aims to support the HF to manage their SAM caseload; in Part C, the aim is to support the DHMT (or RHMT) in their workload.

CMAM Surge Approach – Operational Guide



The CMAM Surge Approach

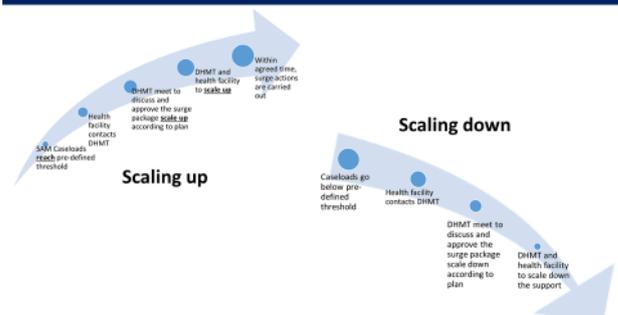
CMAM Surge Approach – Operational Guide Step 1: Trends & Situation Analysis



The CMAM Surge Approach

In Step 1, there is a process to look at the factors that affect the SAM caseload within the HF.

CMAM Surge Approach – Operational Guide Step 7: Scaling Up and Scaling Down



The CMAM Surge Approach

In Step 7, you'll learn how to scale up when surge is 'activated' and scale back down when the situation normalises.

Putting in place the CMAM Surge Approach

In this section, the sessions are structured and carried out in the following manner:

A. *Practical experience undertaking the step*

First, in plenary, participants review the step in the Operational Guide, particularly looking at the step objectives, who is involved in carrying it out and the tools required for it.*

Second, all gain practical experience conducting the step.

This is finalised by a short reflection on the experience and discussion to clarify any uncertainties about how to do it.*

B. *Key points for facilitation*

Finally, there is a short discussion in plenary to provide tips for facilitation, both generally and for set-up at the HF.

* As both of these discussions are largely the same for each session, it will only be fully written out in Session 5, after which, only a brief reminder will be included so as not to forget to do it.

In the group work, each group will choose and work on a single HF throughout the sessions, unless indicated otherwise.

Session 5. Step 1: Trends & Situation Analysis

Session overview (1 hour 30 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Practical experience undertaking the step</i> Review of the step Group work: Developing charts and analysis Reflection, Feedback and issues	10 minutes 60 minutes 10 minutes	Flipchart paper, markers Data for new admissions for SAM, (MAM), diarrhoea, pneumonia, malaria for the last 2 years* Tool 1, 2 (optional) and 3
B.	<i>Key points for facilitation</i>	10 minutes	

*Ideally, participants will have brought real HF data to the training, otherwise refer to the mock data at the end of this guide in Annex 1.

Details of each session

A. *Practical experience undertaking the step*

1. Introduce the full session while in plenary:

- Review Step 1, Trends and Situational Analysis within the Operational Guide, paying particular attention to the objectives and who is involved.
- This step will look in detail at Tool 1, 2, and 3, Figure 4, 5 and 6, and the considerations box at the end of the step.
- Have a short discussion about the funnel diagram in Figure 4 with them to get them on the right track. Start with a provocative question:
 - Does the caseload of SAM in the HF mirror the nutritional situation in the community?

Group work: Trends and situational analysis

2. Introduce the exercise to the participants: To graph information on two charts – a seasonal events calendar and past trends in cases of acute malnutrition and illness seen at the HF.
3. Divide participants into groups, by health team if possible with no more than 6 people per group – this group will work together during several sessions, maintaining a focus on one particularly HF.
 Distribute 2 flipcharts and 3 coloured markers per group. Alternately, instead of flipcharts, the Trends and Situation Analysis Template (Tool 2) can be used for this exercise.

Ensure each group selects someone to be responsible for completing each flipchart and a spokesperson to present.

4. Once flipcharts have been completed, the set of questions in Tool 3 will be used for the analysis of the data.
5. Discuss the current reality and how it might evolve over the coming year. With the understanding of the trends, also talk about activities that you might plan to do.

Feedback on their experience

6. Spend a few minutes to reflect and get feedback on their experience developing and analysing the charts as well as to ensure that everyone understands well how to carry out the Step. Use the following questions to guide this process.
 - How did they feel doing the exercise? Was it something new for them?
 - Did they have trouble doing any part of it?
 - Do they have any questions generally on how they will do it with health facilities?
 - What potential challenges do they foresee in doing it during the set-up? How will they overcome those challenges and barriers?

B. Key points for facilitation

General facilitation points

- Seasonal events calendar:
 - Did they include any events that are unpredictable? Explain that, as facilitators, they should probe not only for the normal events but also for unpredictable events. They should try to challenge the stakeholders' assumptions (for example that all pastoralists move, which is not true).
 - Did they consider the woman's workload? The woman's workload is what will affect the quality of child care generally as well as whether a sick or malnourished child goes for health care.
- Note that the legend/key (symbols and events) on the both charts can be adapted to each HF's individual context, if they like. They shouldn't feel constrained by those.

Points for facilitation in the HF

- Discuss the exercise that was done above where the current and future situation were considered (point 4):
 - During this session, in this training, they only *discussed* the coming year ahead. During the set-up within the HF, stakeholders *will develop* these new charts.
 - The new charts could also include SAM caseload and not just the number of new admissions. See Step 6 in the Operational Guide for further information on how to do this.

Session 6. Step 2: Capacity Review

Session overview (2 hours 30 minutes)

	Procedure	Timing	Materials/preparation
A.	<p><i>Practical experience undertaking the step</i></p> <p>Review of the step</p> <p>Work in pairs: General CMAM Gap Analysis</p> <p>Group work: Reflection on HF capacity to handle surges & establishing what a 'normal' caseload is</p> <p>Round table: Prioritising HFs according to capacity</p> <p>Reflection, Feedback and issues</p>	<p>15 minutes</p> <p>35 minutes</p> <p>65 minutes</p> <p>20 minutes</p> <p>10 minutes</p>	<p>Country specific CMAM capacity assessment tool or Annex 2</p> <p>Flipchart paper, markers</p> <p>Tool 4 and 5 and data from patient registers, Annex 3 (optional)</p> <p>Tool 6</p>
B.	<i>Key points for facilitation</i>	5 minutes	

Details of each session

A. *Practical experience undertaking the step*

1. Review this step within the Operational Guide, paying particular attention to Tool 4, 5, and 6, as well as Annex 2 and 3.

Work in pairs: General CMAM Gap Analysis

If there is a country-specific CMAM capacity assessment, it will be used for this session, otherwise, the General CMAM Gap Analysis (found in Annex 2 of the Operational Guide) should be used.

2. Break up into pairs, where partners should both be familiar with the same HF that they choose to carry out the exercise on.
Distribute the tools, the country-specific CMAM Capacity Assessment or the general CMAM Gap Analysis Tool from Annex 2 of the Operational Guide.
3. Introduce the exercise to the participants:
 - Each pair will choose a HF to focus on for the exercise
 - Review the capacity of the selected HF, completing the tool selected
 - Explain how to fill in the tool
4. After they have finished, discuss as a whole group the general strengths and weaknesses highlighted in the capacity assessment.
5. Feedback on the session (see p.21 for more detailed instructions).

Group Work: Reflection on HF capacity to handle surges & establishing a 'normal' caseload

If including the objective assessment of workload capacity (Annex 3), it should be added in here to be included alongside Tool 5. Additional time (15-20 minutes) should be allocated to complete this.

6. Return to the same groups from Session 5
7. Introduce the exercise to the participants: To reflect on the HF capacity to handle surges and to establish what a 'normal' caseload is for the HF.
8. Feedback on the session (see p.21 for more detailed instructions).

Round table: Prioritising HFs according to capacity

9. Divide participants into groups of approximately 10 people.
10. Introduce the exercise to the participants: To do a HF ranking.

- If participants do not feel that they have enough information to rank the HFs, replace the exercise with a practical discussion on how they would do this ranking.
11. Feedback on the session (see p.21 for more detailed instructions).

B. *Key points for facilitation during set-up*

General facilitation points

- Establishing what a 'normal' caseload is:
 - If the Objective Assessment of Workload Capacity (Annex 3) has not been included in the session, this should be briefly introduced to explain how to do it and why it provides an objective component to thinking through the HF's capacity. This is a good way to objectively come up with a maximum number of consultations per day and to open a discussion on caseload. The idea is to come up with how much are we doing now, how close are we to our maximum or do we still have room to become more efficient. The calculation is meant to guide but not to be prescriptive or used to shame HF staff.
 - There could be some confusion as total consultations per day is discussed throughout the exercise and then SAM caseload is only introduced at the end – the idea is to gradually go from how busy is the HF overall to thinking about what is the contribution of SAM to that workload.

Points for facilitation in the HF

- If a CMAM capacity assessment has recently been done at the HF, this does not need to be repeated. Instead, the results should be discussed with the HF stakeholders, as a refresher.
- HF Capacity to Handle Surges:
 - Really try to pull out *what the HF can do* during this process at the HF, instead of *what they cannot do*. They might start to say that they need this or that in order to do something – try to spin it towards the positive instead, empowering the HF.
 - During the discussion, try to pull out from the HF stakeholders if previous responses to peaks were delayed/late – this emphasizes the value of the surge approach.
 - Understanding which actions helped and which didn't in previous responses starts to highlight what actions to include in the surge package in Step 4, in addition to highlighting their capacity gaps.
- Establishing what a 'normal' caseload is:
 - In the HF, try to encourage the HF not to underestimate the caseload that they can handle as this will lead to problems later.

Session 7. Step 3: Threshold Setting

Session overview (1 hour 20 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Practical experience undertaking the step</i> Review of the step Group work: Setting thresholds Reflection, Feedback and issues	15 minutes 45 minutes 10 minutes	HF data, Tool 7, Tool 8
B.	<i>Key points for facilitation</i>	10 minutes	

Details of each session

A. *Practical experience undertaking the step*

1. Review this step within the Operational Guide, paying particular attention to Tool 7, 8.

Group Work: Setting thresholds

2. Participants return to their HF groups and go through the process of setting thresholds.
3. Feedback on the session (see p.21 for more detailed instructions).

B. *Key points for facilitation during set-up*

General facilitation points

- Tool 8 provides a hybrid approach to setting thresholds, including both subjective and objective components.
- It is important to set thresholds in such a way that they are not too low (would be crossed too quickly and too often, possibly even jumping phases), nor too high (would never be crossed), nor too close together (not meaningful as would jumping phases).
- Consider the following frequency that a HF should be in each phase:
 - Normal: 75% of the time or 9 out of 12 months of any year
 - Alert: 20% of the time or 2-3 months of any year
 - Serious: 4% of the time, or once every two years
 - Emergency: <1% of the time, or roughly once every eight years
 Therefore, thresholds should not be seen as a target to reach.

Points for facilitation in the HF

- Before the session at the HF, the facilitator should prepare the objective calculation of thresholds using the actual figures for that HF, in order to be able to be more prepared to discuss it and compare that against the more subjective calculation with the HF during the set-up process.
- Thresholds should be reviewed regularly. HFs should feel comfortable to do this on their own. Emphasize to the HF that they should reconsider their thresholds anytime they feel that they have had a change in capacity.

Session 8. Step 4: Defining surge actions at the HF level

Session overview (1 hour 25 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Practical experience undertaking the step</i> Review of the step Group Work: Defining surge actions Gallery Viewing: Visiting other groups' charts Reflection, Feedback and issues	15 minutes 40 minutes 15 minutes 10 minutes	Flipcharts, post-it notes (or small cards and tape), Tool 9, 10 and 11, results from the Capacity Review exercises Printout of adapted Tool 10
B.	<i>Key points for facilitation</i>	5 minutes	

Details of each session

A. *Practical experience undertaking the step*

1. Review Step 4 at the HF level within the Operational Guide, paying particular attention to Tool 9, 10, and 11, as well as Annex 1.
2. Introduce the exercise: To define surge actions and preparation actions.
 - The results of the CMAM Gap Analysis and the HF Capacity to Handle Surges session should be brought in as a starting point to define surge actions.

Group Work: Defining surge actions

3. Participants return to the HF groups.
Distribute Post-it notes (or small cards and tape) and flipchart paper.
4. Groups carry out the exercises of defining and summarising surge actions, producing charts as in Tool 9 and Tool 10.

Gallery viewing

5. Hang the charts in the Gallery. Have one group member stay with the charts to explain, while the other group members rotate to view work of other groups.
6. Participants return to their groups to discuss any new items to add to finalise their own surge actions chart.
7. Close and get feedback on the session (see p.21 for more detailed instructions).

B. *Key points for facilitation during set-up*

General facilitation points

- Discuss the difference between HSS activities, preparation activities and surge actions and how to make the distinction between them.
- Discuss the difference between a) activities that should take place during the normal phase in an effort to get the CMAM services (or other routine services) to be adequate and of quality, i.e. HSS activities, b) activities that prepare for surge actions, and c) surge actions – those that will be triggered when surge is activated. Tool 11 makes the distinction between preparation activities and surge actions.
- Discuss *additional* cost means and how to decide which actions involve additional cost.

Points for facilitation in the HF

- Be sure the HF stakeholders consider the health systems building blocks: service delivery, community, health workforce, information, medical products and technologies, financing, and leadership and governance.
- Talk about Tool 11 and the fact that it is not exhaustive – during the session in the HF, HF's should brainstorm themselves. The facilitator can use Tool 11 to probe the HF stakeholders and give them ideas.

Session 9. Step 4: Finalising and costing surge actions and
Step 5: Formalising commitments

Session overview (1 hour 40 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Practical experience undertaking the step</i> Review of the step Brainstorming: Agreements Round table: Finalising and costing surge actions and developing agreements Reflection, Feedback and issues	10 minutes 15 minutes 60 minutes 10 minutes	Flipchart and markers Tool 10 summaries from Session 8, print out of one page of Tool 12, print out of Tool 13
B.	<i>Key points for facilitation</i>	5 minutes	

Details of each session

A. Practical experience undertaking the step

1. Review Step 4 at the DHMT level as well as Step 5 within the Operational Guide. Tool 12, 13, and 14 as well as Table 3 will be the focus.

Brainstorming: Types of agreements

2. Ask for a volunteer to record participants' answers to questions on three flipcharts, one for each question.
3. Ask the following questions to participants:
 - Why are agreements important?
 - Who is it necessary to have agreements between?
 - What type of agreements are used in our context?

Probe during the session to encourage more participation, trying to get them to highlight the important points to formalize the surge approach in their setting that you will summarise at the end of brainstorming.

4. Summarise the discussion, highlighting the following points:
 - For the CMAM Surge Approach, agreements are important so that surge actions can take place immediately once a threshold is crossed and surge has been activated. Without agreements, there can be unnecessary delays, particularly if funds are not already in place.
 - While obvious agreements are between partners and the MOH, the most important agreements are actually within the MOH system itself and with the MOH and other governmental bodies. For example, if there isn't agreement within the system that the DHMT will temporarily relocate an additional nurse to the HF when surge is activated, it will be harder for this to happen. Commitments within the MOH system itself should be priority and need to be clear and formalised.
 - Agreements can take many forms (update this as appropriate to the context):
 - Within the MOH system, policies are agreements on a national level. On a more local level, agreements are often made through annual work plans and budgets as well as contingency plans.
 - Between the MOH and other governmental bodies, particularly for surge, contingency plans are common.
 - Between the MOH and partners, Memorandum of Understanding (MOU) are common with NGO, while agreements with UN agencies usually take the form of Programme Cooperation Agreements (PCA).

Round table: Finalising and costing surge actions and developing agreements

5. Divide into groups of approximately 10 people – each person will take on a role to represent the following: DHMT (at least 3 people), HF In-Charges (5 people or more), and partners (2 people).

Each group should select someone to chair the meeting (one of the DHMT representatives) and three people, one to do the flipchart of the final surge package and one to complete each of the tools (Tool 12 and 13).

Final surge packages will be presented so should be captured on flipcharts.

6. Introduce the exercise:
 - To come up with an agreed ‘package’ of actions for the district that will be ‘activated’ when thresholds are crossed by any HF into higher phases.
 - Cost a few actions – not necessary to do all, just to get a feel for how to do it.
 - Produce a surge actions work plan – also, only select a few to work through to get a feel for this process.
7. Present the final surge package in plenary, 3 minutes to present per group with 2 minutes for comments from the other participants on whether they are truly realistic actions that will be done.
8. Feedback on the session (see p.21 for more detailed instructions).

B. Key points for facilitation during set-up

General facilitation points

-

Points for facilitation in the HF

- While there is one surge package established for the whole district, this is not meant to crush the autonomy of the HFs themselves after putting together their surge actions. It is possible that the HF can do additional actions themselves, if seen as appropriate. It is more likely that good ideas coming from HFs will combine to make a comprehensive package for everyone. However, it is possible that contexts will vary and one action may not be appropriate and necessary for all, so HFs should understand that they can have context specific actions.

Session 10. Step 6 & 7: Monitoring thresholds, scaling up and scaling down

Session overview (2 hours)

	Procedure	Timing	Materials/preparation
A.	<p><i>Practical experience undertaking the step</i></p> <p>Review of the steps</p> <p>Debate: Monitoring thresholds</p> <p>Group Work: Monitoring thresholds and developing a district communication tree</p> <p>Computer work in pairs: Costing matrix and DHMT dashboard</p> <p>Reflection, Feedback and issues</p>	<p>15 minutes</p> <p>30 minutes</p> <p>30 minutes</p> <p>30 minutes</p> <p>10 minutes</p>	<p>Small prize for winning group</p> <p>Tool 15, printout of blank Tool 16, seasonal events calendars from Session 5, flipchart and markers</p> <p>Computers (1 per 3-4 people), tool 12, Tool 17</p>
B.	<i>Key points for facilitation</i>	5 minutes	

Details of each session

A. *Practical experience undertaking the step*

1. Highlight that they have completed the steps for the set-up of surge, now the focus is on real-time monitoring and action.
2. Review Steps 6 and 7 within the Operational Guide. The exercises in this step will focus on Tool 15, 16 and Figure 10 and 11. Additionally, Tool 12 from Step 4 will be explored as well.

Debate: Monitoring thresholds

3. Introduce the debate topic – monitoring on a monthly basis or real-time monitoring using the registration books or tally sheets
4. Break participants into 4 teams and, before the debate, they read through Part 1 of Tool 15 (5 minutes)
Each team is given a “side” that they will support. They should choose 1 debater.
Teams have 5 minutes to discuss in teams, 3 minutes to present the argument and 1 minute for rebuttal.
5. The first two teams will debate the use of monthly monitoring only and the other two teams will debate that real-time monitoring should also be done.
6. After the debates, the plenary discusses briefly the merits of both methods and decides on one winning team based on the strongest argument. Give a small prize to the winners.

Group Work: Monitoring thresholds and developing a district communication tree

7. Split up into groups by district, so that real communication trees can be developed, or if that is not possible, into the HF groups from before.
Groups should assign one person to present their communication tree.
8. Introduce the exercise:
 - To complete the monthly monitoring charts, skipping the seasonal events calendar; the one developed during Session 5 can be used for the forward planning exercise.
 - The charts do not need to be filled in completely, only enough so that participants get the idea of how to fill in the malnutrition chart with both new admissions and caseload and how to use the forward planning charts.
 - Develop a real communication tree with how communication will flow in the district when thresholds are surpassed, starting from the HF. These should include the position title and the name of the person who will be contacted, as well as their phone number if available.
9. Each group briefly presents their communication trees to ensure that there is general agreement on how communication should pass and who needs to be part of this.

Computer work in pairs: Costing matrix and DHMT dashboard – move this to next session

10. Break up into groups of 3 or 4, depending on how many computers are available. If there are more computers, it would be ideal to work in pairs.
11. Introduce the exercise: Exposure to both the costing matrix and the DHMT dashboard.
12. Carry out the computer work in pairs for approximately 30 minutes.

13. Feedback on the session (see p.21 for more detailed instructions).

B. Key points for facilitation during set-up

General facilitation points

-

Points for facilitation in the HF

- Note that the legend/key (symbols and events) on the both charts of Tool 16 can be adapted to each HF's individual context, if they like. They shouldn't feel constrained by these legends.

Session 11. Step 8: Monitoring & Evaluation

Session overview (45 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Practical experience undertaking the step</i> Review of the step Plenary discussion: Periods of reflection	10 minutes 25 minutes	Annex 4, context specific surge M&E framework
B.	<i>Key points for facilitation</i>	10 minutes	

Details of each session

A. *Practical experience undertaking the step*

1. Review this step within the Operational Guide. Both Tool 18 and Annex 4 should be explored.

Plenary discussion: Regular review and adaptation

2. In plenary, discuss the following:
 - In order for the surge approach to stay relevant, a learning cycle should be established in order to ensure learning is incorporated into the implementation process.
 - The importance of a) regular space to reflect, i.e. quarterly or biannually, b) readiness to recognise and learn from mistakes, and c) local solutions to local problems, at every level of the system.
 - Regular review of thresholds – why is this important?
 - Post surge response review – why is this important? How would you do it for a small surge? For a big surge?
 - Annual surge review – why is this important? How would you do it?
3. Allow everyone 5 minutes to read Annex 4 in their Operational Guides.
4. Ask participants to give their opinion on what they read. The following questions can be used:
 - What is their initial reaction to Annex 4?
 - Are the indicators feasible and practical to collect? Consider the types and frequency of information to collect. Which indicators would they prioritise?
 - Are there others that they would include?
5. Explain how routine monitoring and evaluation is planned to take place in the country.
6. Feedback on the session (see p.21 for more detailed instructions).

B. *Key points for facilitation during set-up*

General facilitation points

- This should be tailored to the context specific M&E framework and process.

Points for facilitation in the HF

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Session 12. Part C: DHMT level surge

Session overview (1 hour 45 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Practical experience undertaking the step</i> Plenary discussion: What is Surge at the DHMT level Review of Part C Group Work: Threshold setting and brainstorming on surge actions Reflection, Feedback and issues	30 minutes 15 minutes 45 minutes 10 minutes	Flipcharts Tool 20, 21, 22, 23, 24 Blank printout of Tool 21
B.	<i>Key points for facilitation</i>	5 minutes	

Details of each session

A. *Practical experience undertaking the step*

1. Briefly highlight that they have now completed everything related to the HF level CMAM Surge Approach. Now, they are moving on to the approach at the DHMT level. They will have a discussion about it before reviewing the Operational Guide.

Plenary discussion:

During this discussion, use questions to make the session interactive, getting the participants to arrive at the explanation themselves. Probing questions are suggested throughout this section – allow discussion and encourage participants to give ideas, eventually getting to the key points that need to be highlighted.

2. Briefly introduce the topic – taking surge to the DHMT level.
 - Give a short explanation of what it is – explaining that up to this point, everything has focused on the HF on when they are overstretched how to increase their capacity. At the next level up, it is the same but looking to see when the DHMT is overstretched and how to increase their capacity.
 - Explain that the process at this level has all of the same steps but some are carried out differently. This session will go into those differences so that the participants can facilitate the set-up within the DHMT.
3. Talk through each step, starting off generally.
 - Question: What creates workload for HFs? And for the DHMT?
Point to highlight: Patients create work for the HF. Since the DHMT's role is to support HFs to provide health services to the population, for the DHMT, it is the HF.
 - Question: So, if during the **trends and situation analysis** for the HF level, we were looking to understand when admissions peaks, what would you want to look at for the DHMT level?
Point to highlight: To know when HFs are busier, therefore, to know when patient admissions peak making HFs busier. This means that the analysis within all the HFs in the district can inform the DHMT of when to expect to have the highest workload, so no special process is necessary.
 - Question: Why do we do a **capacity review**? Should one be done for the DHMT level?
Point to highlight: A capacity review of the HF is to understand their strengths and weaknesses in order to 1) know what weak areas will be amplified during spikes, 2) know what strengths can be drawn upon when needed, and 3) inform where thresholds should be set. The DHMT would similarly benefit from a capacity review. However, the capacity review tool needs to be adapted to their specific role.
 - Question: What could be used to **set thresholds** for the DHMT?

Point to highlight: Something objective, that is easy to monitor, and that will reflect when the DHMT's workload gets to be too much. An indicator called the surge score has been created that incorporates the number of HFs at each phase.

- Question: When **defining surge actions**, what kind of actions do you think are needed? What actions will help increase the capacity of the DHMT?

Point to highlight: Actions that help save time for the DHMT or provide additional manpower, logistics, or finances to the DHMT.

- Question: Can you think of some examples of possible DHMT-level surge actions?

Point to highlight: These are unlimited, but be careful – it is common to think that if the action is *carried out by the DHMT*, that it is a DHMT-level surge action; however, this is *NOT* correct – the question to ask to differentiate is:

Does the action provide additional capacity to the HF or to the DHMT?

If it provides capacity to the DHMT, then it is correctly a DHMT-level surge action.

- Question: Would **formalising commitments** be different than at the HF level?

Point to highlight: No, the same exact process can be undertaken and it is equally important.

- Question: Do you think **monitoring thresholds** would be different than at the HF level?

Point to highlight: Yes, because the DHMT will monitor a different indicator, the surge score.

- Question: Where will support come from for **scaling up** for the DHMT?

Point to highlight: From the next level up in the health system, i.e. the RHMT, or, if necessary from the national level MOH or possibly partners.

4. Review Part C of the Operational Guide together, paying particular attention the tools included there. They include Tool 19 for the Capacity Review, Tool 20 is a catalogue of DHMT-level surge actions, Tool 21 threshold setting worksheet, Tool 22 to define surge actions and Tool 17 and 24 are the DHMT dashboard. Figure 12 and 13 demonstrate the system-wide concept visually.

Group Work: Threshold setting and brainstorming on surge actions

5. Break up into groups of up to 6 people, but this time, change group participants. Groups should designate someone to record on flipcharts and someone to present.
6. Provide instructions for the exercises:
 - Go through the process of threshold setting
 - Brainstorm on surge actions and capture them on flipcharts to be briefly presented in plenary.
7. Each group briefly (3 minutes per group) presents the DHMT-level surge actions that came out of the brainstorming. Ask the participants to highlight any surge actions that are actually HF-level actions to see if they understand the difference.
8. Feedback on the session (see p.21 for more detailed instructions).

B. Key points for facilitation during set-up

General facilitation points

- Threshold setting – the paragraph above tool 21 includes further important information.

Points for facilitation with the DHMT

-

Managing the CMAM Surge Approach

Session 13. Roll out plans for each district

Session overview (40 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Developing Roll out plans</i> Group work followed by presentation of one roll out plan Presentation of example agenda for HF-level set-up	40 minutes	Figure 2 and 3 on flipcharts Flipchart Printout of example agenda (Annex 2 of the FG)

Details of each session

A. *Group Work: Developing roll-out plans*

1. Before breaking up into groups, introduce the topic of the session – developing roll out plans for each district. To do that, it's helpful to have an understanding of the time that set-up takes within a HF. Refer to the **Overview Diagrams of the CMAM Surge Approach** (p.5 of this guide and also in the Operational Guide) and spend a few minutes to talk through them and the time required for each session. Highlight that it is planned as two half-day sessions at the HF level, followed by one half-day at the district level.
2. Break up into small groups of 3 people
3. Introduce the exercise
 - To develop roll-out plans for surge set-up, including timeframe in which to carry out each activity. Refer participants to the pre-written flipchart to guide them through the process.
 - Determine what needs to be done, who will do it and when. Capture the roll-out plan on flipchart paper.
4. Ask one group to volunteer to present their plans (5 minutes). Afterwards, ask others what they thought about those plans, if everything is appropriate, if there was anything missing that they would add (5 minutes).
5. Present the example agenda from Annex 2 of this Facilitators' Guide to assist them to prepare the set-up at HF level. This should be adapted as they see appropriate.

The following points can guide in the preparation of the roll out plans:

- Discussion with other DHMT members about surge capacity concept
- Schedule HF meetings for surge set-up
- Jointly conduct HF meetings
- Plan district level sessions for the HF surge package
- Plan district level set-up with the full DHMT
- Establish timelines for each.

Session 14. Other sections of the guide and Pending Questions on Implementation

Session overview (40 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Informal discussion browsing through the guide</i>	10 minutes	Operational guides
B.	<i>Pending Questions on Implementation</i>	30 minutes	

Details of each session

A. *Informal discussion browsing through the Operational Guide*

1. Introduce the session – to get to know what other contents are available in the guide. Together, review the remaining components.
2. Bring reference to the following sections and briefly talk about them:
 - List of figures, tables and tools: the list of tools being particularly useful.
 - Glossary of specific surge terms
 - Part D: includes a section about coordination and linkages, ongoing research/questions as well as frequently asked questions (FAQ).
3. Mention that while they have been through the majority of the guide during the workshop, encourage participants to spend some time reading it before implementing in HFs, to understand it thoroughly and to know where to access resources when they need them.

B. *Pending Questions on Implementing the Surge Approach*

- Spend time allowing participants to ask their pending questions on anything that they are unsure of and want to clarify. As much as possible, encourage other participants to answer the questions, with facilitators only coming in when necessary, as a last resort.

Session 15. Wrap up

Session overview (15 minutes)

	Procedure	Timing	Materials/preparation
A.	<i>Workshop evaluations</i>	10 minutes	Workshop evaluation forms (Annex 3)
B.	<i>Closing of workshop</i>	5 minutes	

Details of each session

A. *Workshop evaluation*

1. Ask participants to fill in the workshop evaluation form (Annex 3) and distribute them. Mention that they are anonymous so please be honest. Give them 10 minutes to complete them.
2. Request a volunteer to collect them.
3. Leave the room to maintain their anonymity.

B. *Closing of the workshop*

- Discuss who will be able to support participants in the set-up and implementation of surge and provide contact details for that person.
- Thank the participants as well as anybody who helped with the workshop.
- Allow others to make last comments.

Annex 1: Mock data for workshop

It is best if the participants can bring their own data to the workshop, but in case they don't or are missing something, the data included here can be used to go through the whole workshop.

HF Galikawa	Total Population	48,010
	0-11 Months	2,336
	0-5 Years	10,227

	Morbidity in Under 5s	SAM	Diarrhoea	Pneumonia	Malaria	Other	Total consultations (all ages)
ANNEE 2014	J	69	16	22	53	2	1230
	F	45	10	16	29	3	986
	M	28	13	23	27	1	524
	A	24	12	19	33	0	613
	M	31	20	14	21	4	823
	J	29	29	21	34	1	949
	J	23	13	18	46	2	1581
	A	18	18	14	50	3	1092
	S	16	12	11	68	0	967
	O	40	23	9	29	2	820
	N	29	13	12	19	1	912
	D	38	15	47	44	3	804
ANNEE 2015	J	47	31	36	50	8	828
	F	22	19	23	63	2	799
	M	14	27	13	42	1	834
	A	25	23	16	57	2	1160
	M	23	27	10	35	2	988
	J	22	38	13	47	3	1064
	J	16	16	12	53	1	1713
	A	23	22	15	62	0	925
	S	19	20	9	79	1	850
	O	37	26	11	33	1	960
	N	24	17	11	25	4	813
	D	41	20	43	48	2	693
						Mean	955
						Per day	45
						Max	1713
						Min	524

Annex 2: Example Agenda for HF-focused Surge Approach set-up

Session 1 at the HF – half day (3 hours)	Duration	Time
Introduction to the CMAM Surge Approach	30 minutes	14:00-14:30
Step 1: Trends & Situation Analysis <ul style="list-style-type: none"> Developing charts: Tool 1, Tool 2 (optional) Analysing past trends: Tool 3 Discussion considering the current and future situation: Tool 16 (if time allows, will be done in Session 2) 	1 hour	14:30-15:30
Step 2: Capacity Review* <ul style="list-style-type: none"> Reflection on HF capacity to handle surges: Tool 4 Establishing what a 'normal' caseload is: Tool 5, Annex 3 (optional) 	1 hour	15:30-16:30
Wrap up and way forward	15 minutes	16:30-16:45

*A CMAM capacity assessment or the General CMAM Gap Assessment (Annex 2) should have been carried out prior to this session in order to bring those results in here.

Session 2 at the HF – half day (3 ½ hours)	Duration	Time
Session 2 – half day – at the Health Facility		
Review of previous session	15 minutes	14:00-14:15
Step 3: Threshold Setting <ul style="list-style-type: none"> Discussion about phases: Tool 7 Setting thresholds: Tool 8 	1 hour	14:15-15:15
Step 4: Defining surge actions <ul style="list-style-type: none"> Defining and costing surge actions: Tool 9, Tool 11, Annex 1 (if needed) Summarise work: Tool 10 Next steps for finalising surge actions and formalising commitments (Step 4 and 5 at the district level) 	1 hour	15:15-16:15
Step 6: Monitoring thresholds <ul style="list-style-type: none"> Routine monitoring and planning: Tool 15, Tool 16 	30 minutes	16:15-16:45
Step 7: Scaling up and scaling down <ul style="list-style-type: none"> Discussion of the process: use the district-specific communication tree developed in the facilitators' workshop, or Figure 10 and 11 in the Operational Guide 	15 minutes	16:45-17:00
Step 8: Monitoring & Evaluation <ul style="list-style-type: none"> Inform the HF of any regular monitoring indicators that they need to collect according to the context-specific M&E framework 	15 minutes	17:00-17:15
Wrap up and way forward	15 minutes	17:15-17:30

Session 3 at the district level – half day (3 hours)	Duration	Time
Introduction and review of where the HFs are in the set-up process	15 minutes	14:00-14:15
Step 2: HF prioritisation <ul style="list-style-type: none"> Prioritising weak facilities for focused support: Tool 6 	45 minutes	14:15-15:00
Step 4: Finalising and costing surge actions <ul style="list-style-type: none"> Finalising surge actions Costing surge actions: Tool 12 	1 hour	15:00-16:00
Step 5: Formalising commitments <ul style="list-style-type: none"> Preparing the surge work plan: Tool 13 Discussion on formalising agreements: Tool 14 (for review only)* 	45 minutes	16:00-16:45
Wrap up and way forward	15 minutes	16:45-17:00

*While formalising agreements will be discussed during this session, the actual process of making or amending agreements will more like take place bilaterally.

Annex 3: Example Workshop Evaluation Form

Surge Approach District Facilitators' Workshop – Evaluation Form

Please complete this form before leaving the workshop. Your responses will help us adapt future trainings and improve the materials shared. Thank you.

Content of the workshop:

1.0 I found the content of the workshop relevant:

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please briefly give your reasons.

2.0 I will be able to inform my colleagues about what we did/what we learned during the workshop:

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please briefly give your reasons.

3.0 I will be able to use the learning gained from the workshop to facilitate the set-up of the CMAM Surge Approach within the HFs in the district?

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please briefly give your reasons.

Workshop Design

4.0 I felt the level of the workshop was well adapted/just right for me:

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please briefly give your reasons.

5.0 I felt the time given to each session was the just right:

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please mention which sessions were too long or too short.

The Facilitation and Methods

6.0 I found the facilitation to be effective.

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please briefly give your reasons.

7.0 I found the methods used for the sessions interesting and appropriate?

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please briefly give your reasons for anything that was not clear

Workshop results

8.0 I think the workshop achieved its objectives?

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please briefly give your reasons.

9.0 I feel I have enough information to start moving the Surge Approach forward in my district:

1. Strongly disagree 2. Disagree 3. No opinion 4. Agree 5. Strongly agree

If your score is 1, 2, or 3, please briefly give your reasons.

Improvements for the future

10.0 Which sessions did you find the most valuable?

11.0 Which sessions did you find least valuable?

12.0 How would you improve this workshop?



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Concern Worldwide
52-55 Lower Camden
Street Dublin 2
00 353 1 417 77 00

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