**ADDITIONAL NOTES: FREQUENTLY ASKED QUESTIONS**

*Note: this document includes frequently asked questions and notes which may be a useful reference when setting up the Surge Approach. They are based on implementation experience in a variety of contexts. The core tools are included in the orientation guide. This resource is likely to be updated intermittently as other questions are gathered.*

* *CMAM Surge* or *Health Surge* has already been set up the health facility, now that new guidance has been published, do I need to start the set up process again?

**No.** The overall principles of the approach remain unchanged. However, the updated tools and/or resources in the updated guide may help overcome an identified bottlenecks. The revised tools have been simplified and are based on learning from implementation across several countries.

* If integrating the Surge Approach in a hospital setting should anything be changed?

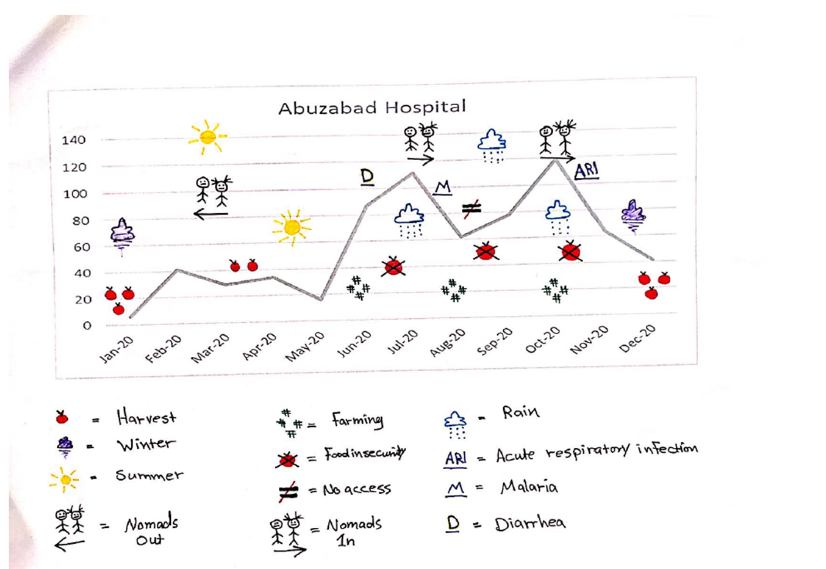
Similarly to other health facilities, if using the Surge Approach in a hospital setting consider how the services are organised, what influences the workload most significantly, and how the staff and resources are organised (e.g. dedicated to that service or shared with other departments). Using this information decide how the tools in the Surge Approach could add the most value. If available, additional information such as child illness consultation trends in health centres in the hospital catchment area might give an indication of when there might be a peak in consultations in the hospital (e.g. an increase of OTP admissions in several health centres will likely lead to an increase in inpatient referrals).

* Another way to complete the seasonal and events calendar (Tool 1):

Once you have completed the seasonal and events calendar (Tool 1) and trends analysis (Tool 2), peak periods can be marked on the seasonal and events calendar. For example with a M, or D, for Malaria or Diarrhoea peaks respectively. This can be helpful there is a limitation on the number of charts that can be placed on the wall (See Figure 1).

On the Y axis – *High* and *Low* can be included to illustrate which of the factors increase or decrease the number of consultations. Depending on how the health facility is organised, it can be useful to plot total consultations (either for the **whole facility** or for the **under-5 outpatient**) to give a better understanding of overall workload. It can be included on the seasonal and events calendar (See Figure 1).

**Figure 1:** Example of seasonal and events calendar with peak common child illnesses are marked and total consultations.



* Additional note on completing capacity review (Step 3) and defining a normal and manageable workload:

**Resource 3: Defining a normal and manageable** **workload** can be used to help the health facility team define the number of consultations of the priority child illness(es) which would be manageable without compromising the quality of service delivery. The resource collates the information gathered during the capacity review, and give an estimated ‘normal’ number of consultations per months. This figure can be useful to guide the discussion between stakeholders when deciding on what is normal and manageable; comparing with the average and range of monthly consultations for the priority child illness(es). There is a worked example in the resource for illustrative purposes. This resource should not be used in isolation and should only guide discussion on what is a ‘normal and management’ number of monthly consultations for the priority child illness(es) – see Step 3 in the orientation guide for more details.

* *CMAM Surge* is established in the health facility, I want to add in thresholds for another common child illness which has seasonal fluctuations and impacts workload (i.e. a priority child illness), do I need to start the set up process again?

**No.** The overall principals of the approach remain unchanged regardless of whether you are applying them to SAM or other another common child illness. The important thing to remember is that once the thresholds have been set, you should consider how the two sets of thresholds might interact together (e.g. if the alert threshold for malaria is crossed, how would that impact the health facility’s capacity to manage SAM consultations).

* Why have the threshold phases been reduced to three?

Reviews of *CMAM Surge* (and *Health Surge*) showed that there was often minimal difference between the actions which were set for *serious* and *emergency* phases, with both requiring external support. Equally using the term *emergency* at a health facility level was often confusing, as the term is generally used for wide scale deterioration in a situation. In the updated guide, the process for setting thresholds has been simplified focusing on establishing thresholds for two phases – **alert**, when internal reorganisation will be needed to continue to deliver quality services, and **serious**, when external support will be required.

* Can the phase names for thresholds be changed?

Phase names can and should be defined by each country to align with terminology which is generally used in country. For example, some countries have preferred to use *alarm* instead of *serious*.

* A note on ‘investigation thresholds’:

In the pilot *Health Surge* tools, an investigation threshold was proposed as a way to monitor overall workload in the health facility. The updated guide does not recommend this as a standard process.

It can be worth considering what a lower than normal number of monthly consultations for the health facility would be; which could trigger an ‘investigation’ to understand why this is (e.g. road block or rumours impacting heath seeking behaviours). These reflections should be considering when reviewing the seasonal and events calendar (Tool 1) on a monthly basis.

* Can I create a *new* seasonal and events calendar for monitoring purposes?

If preferred, when monitoring seasonal and events trends, a new calendar can be made, rather than reviewing and marking changes to the historical seasonal and events calendar (Tool 1). The revised guide proposes this to try and limit the number of wall charts.

*If your questions has not been answered here, please contact Concern on* [*thesurgeapproach@concern.net*](mailto:thesurgeapproach@concern.net)