# MODULE SEVEN

## Planning CMAM Services at the District Level

**MODULE OVERVIEW**

This module introduces participants to the issues and considerations in the design and planning of a community-based management of acute malnutrition (CMAM) service or programme. This module focuses on the different steps used to plan a CMAM service or programme. It aims to provide participants with the tools and conceptual frameworks for thinking though the planning stages according to the context. This includes thinking through who should be involved in planning; conducting a situation analysis to define the needs; exploring the operational and policy-level opportunities and constraints; assessing capacity to implement the programme; determining a service or programme design with overall goals, specific objectives and suitable indicators to measure programme impact and effectiveness; and translating these into an action plan.

Although budgeting is an important component of planning for CMAM services, this module does not provide specific guidance on budgeting for CMAM services. At this training guide's publication time, a CMAM costing tool was being designed and field-tested; it will be made available on the FANTA website when finalized (www.fanta-2.org).

Participants will work in groups of five or six for the majority of this module, grouped by country, province or district, with those of similar origins placed together. Ideally, each group should work on designing and planning CMAM services for its own area. If this is not possible or not appropriate, groups should select an appropriate context and geographical or administrative coverage area for which to design and plan CMAM services.

Participants will stay in the same working group for all the module's exercises. At the end of the session, participants will have developed an outline of a design and plan for CMAM in their respective areas.

Participants will practice using the concepts and frameworks in this module using a case study based on a real example or using their own district or a district in their country.

Participants should be asked in advance to bring relevant information for CMAM planning in their country, province or district, and to read **Handout 7.2 Case Study: Situation Analysis, Ghana** before the training session.

# PLANNING CMAM SERVICES AT THE DISTRICT LEVEL

| LEARNING OBJECTIVES | HANDOUTS AND EXERCISES |
|---|---|
| 1. Describe Key Elements of CMAM and Prepare for the Planning Process | Handout 7.1 Key Elements of CMAM Framework |
| 2. Identify Key Components of a Situation Analysis and Conduct a Basic Situation Analysis | Handout 7.2 Case Study: Situation Analysis, Ghana<br>Handout 7.3 Assessing the Nutrition Situation<br>Handout 7.4 Mapping Matrices<br>Handout 7.5 Capacity Grid for CMAM at the District Level<br>Handout 7.6 SWOT Analysis for CMAM<br>Handout 7.7 Example Capacity Grids for Outpatient Care at the Health Facility Level and for CMAM at the National Level |
| 3. Develop a Logical Framework for CMAM | Handout 7.1 Key Elements of CMAM Framework<br>Handout 7.8 Using a Logical Framework for CMAM<br>Handout 7.9 Example Logical Framework for CMAM |
| 4. Develop an Action Plan for CMAM | Handout 7.1 Key Elements of CMAM Framework<br>Handout 7.10 Calculating Estimated SAM Cases<br>Handout 7.11 Staff Needs, Roles and Responsibilities<br>Handout 7.12 Calculating Estimated RUTF Needs<br>Handout 7.13 Overview of Resources for CMAM<br>Handout 7.14 Matrix for Action Planning |
| 5. Plan for Special Cases: Transitioning and Contingencies | Handout 7.15 Matrix for Transition Planning of CMAM<br>Handout 7.16 Guidance for Contingency Planning for CMAM |
| Wrap-Up and Module Evaluation | |

## MATERIALS

- *Community-based Therapeutic Care (CTC): A Field Manual*
- Handouts
- Copies of **Handout 7.4 Mapping Matrices, Matrix 2** and **Handout 7.6 SWOT Analysis for CMAM** to distribute
- Flip charts
- Markers
- Masking tape

### ADVANCE PREPARATION

- Room setup, materials
- Remind participants that they must bring information on the health, nutrition and undernutrition preventive and curative services in their district, as well as nutrition surveys and information on the context of their health system, how it works and whether it is centralized. Bring information sources in case participants do not bring theirs.
- Ask participants to read **Handout 7.2 Case Study: Situation Analysis, Ghana**

## MODULE DURATION: 8 HOURS

Note: Depending on the needs of their audience(s), trainers may choose to skip or spend more or less time on certain learning objectives and activities. The module duration is an estimate of the time it takes to complete all the learning objectives and activities.

# LEARNING OBJECTIVE 1:
## DESCRIBE KEY ELEMENTS OF CMAM AND PREPARE FOR THE PLANNING PROCESS

Become familiar with **Handout 7.1 Key Elements of CMAM Framework**.

**BUZZ GROUP: KEY ELEMENTS OF CMAM.** Refer participants to **Handout 7.1 Key Elements of CMAM Framework**. Ask them to look over the list with a partner and to quickly identify which key elements stand out as particularly relevant for their districts. Ask a few pairs to comment. Discuss briefly.

**READING AND GROUP DISCUSSION: USING THE KEY ELEMENTS OF CMAM.** Refer participants to the **Handout 7.1 Key Elements of CMAM Framework**. Discuss the framework's many uses, such as capacity assessment, design, planning, evaluation, and review of integration. Explain that this module looks at the planning process through this framework wherever possible.

**PARTICIPATORY LECTURE: OVERVIEW OF CMAM PLANNING PROCESS.** Explain the key steps this module addresses in the CMAM planning process and write on a flip chart:

1. Situation analysis (to determine the needs), which consists of:
   a. Assessing the nutrition situation
   b. Mapping health and nutrition systems
   c. Assessing the capacity for CMAM at a district or health facility level
   d. Analyzing strengths, weaknesses, opportunities and threats
2. Logical framework
3. Action plan (implementation plan)
4. Planning for special cases

**BRAINSTORM: IDENTIFYING WHOM TO INVOLVE IN CMAM PLANNING.** Remind participants of the work they did in **Module 3: Community Outreach** to think through whom they need to involve in planning. Given the main areas of activity identified above, ask participants who they think should be involved. Possible answers could include:
- The team coordinating and supervising the intervention
- District health officials
- Health care providers
- Community members; social, political and religious leaders; traditional healers; traditional birth attendants; teachers; mothers, fathers and caregivers (such as grandmothers)
- Community groups, women's groups, farmers associations
- Nongovernmental organizations (NGOs) and community-based organizations (CBOs) working in health and nutrition interventions in the district

Note: Community leaders and members, and mothers/caregivers must be involved in the community outreach planning process to help planners gain a better understanding of causes of undernutrition, how the community views and treats undernutrition, and barriers to access and health service uptake.

# LEARNING OBJECTIVE 2:
## IDENTIFY KEY COMPONENTS OF A SITUATION ANALYSIS AND CONDUCT A BASIC SITUATION ANALYSIS

Review **Handout 7.2 Case Study: Situation Analysis, Ghana** and become familiar with **Handout 7.3 Assessing the Nutrition Situation**, **Handout 7.4 Mapping Matrices**, **Handout 7.5 Capacity Grid for CMAM at the District Level**, **Handout 7.6 SWOT Analysis for CMAM** and **Handout 7.7 Example Capacity Grids for Outpatient Care at the Health Facility Level and for CMAM at the National Level.**

**BRAINSTORM: COMPONENTS OF THE SITUATION ANALYSIS.** Draw a grid with five columns. The column headings will reflect the five components of a situation analysis (below), but do not identify the column headings at this point:

1. Assessing the nutrition situation (including causal framework of undernutrition [UNICEF])
2. Mapping health and nutrition systems, initiatives and partners at the district and facility levels
3. Assessing the capacity for CMAM
4. Conducting a strengths, weaknesses, opportunities and threats (SWOT) analysis for
   CMAM
5. Conclusion: Determining needs

Ask participants what information is needed to prepare to plan CMAM services. Provide a few examples to get the conversation started, if necessary. Examples could include prevalence of wasting in their district, how many outpatient care facilities are in the district, whether they provide services for severe acute malnutrition (SAM), etc. Write their responses in the appropriate column. Discuss and ask if participants can think of what the items in each column have in common. Write the intended name for each column and point out that these are the five key components of a situation analysis. Put the flip chart up on the wall to refer to as the Learning Objective progresses.

**READING AND REVIEW: UNDERSTANDING NUTRITION SITUATION ASSESSMENTS.** Refer participants to **Handout 7.3 Assessing the Nutrition Situation** and ask them to read it quietly. Ask groups if they have any additions for Column 1 on the situation analysis grid produced earlier in this Learning Objective. Discuss why they would need that information and where they can find it. Write the following sources of information on the health and nutritional status of populations on the flip chart, and ask participants if they have any sources to add to the list:

- Demographic and Health Surveys (DHS), see www.measuredhs.com
- Multiple Indicator Cluster Surveys (MICS), see www.childinfo.org/mics.html
- UN Standing Committee on Nutrition, Nutrition Information in Crisis Situations (NICS), Nutrition Survey Results Database, see www.unsystem.org/SCN/Publications/ RNIS/rniscountry_database.html
- Complex Emergency database on the impact of complex emergences (CE-DAT), see www.cedat.be

**WORKING GROUPS: PRACTICE ASSESSING A NUTRITION SITUATION.** Divide participants into working groups of five or six people by district or region and explain that they will remain in these groups for much of the module's duration. Ask groups to review the nutrition survey information that they have brought for their country/province/district and create a chart of key information on the flip chart. The chart should follow the format of the example chart below (trainer may post a blank example chart), but participants should feel free to add any additional information they think would be helpful.

Ask one group to present its results in plenary, summarizing the nutrition situation in its country, province or district, and pointing out any areas of concern or focus.

## EXAMPLE NUTRITION SITUATION CHART

| Source | Age Group | Date | Geographic Area | Crude Death Rate (CDR) deaths/ 10,000/ day | 0 to 5 Death Rate (0-5DR) deaths under five/ 10,000/ day | PREVALENCE (%)*: | | | CASELOAD (%): | | PREVALENCE (%): | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Wasting WFH < -2 zscore | Severe Wasting WFH < -3 zscore | Bilateral Pitting Edema | MUAC < 125 | MUAC < 110 | Stunting HFA <-2 z-score | Underweight WFA < -2 z-score |
| DHS | 0-59 mos | | | | | | | | | | | |
| MICS | 0-59 mos | | | | | | | | | | | |
| National Nutrition Survey X | 6-59 mos | | | | | | | | | | | |
| National Nutrition Survey Y | 6-59 mos | | | | | | | | | | | |

* Table should also provide global acute malnutrition (GAM) and SAM, if available. Specify if estimations of prevalence rates are based on the National Centre for Health Statistics (NCHS) reference population or World Health Organization (WHO) growth standards. Provide estimations of prevalence rates with 95 percent confidence intervals.

## PARTICIPATORY LECTURE: MAPPING HEALTH AND NUTRITION SERVICES.
Explain to participants that it is important to know and map how the district health system is structured, what other services and initiatives exist and who is doing what, where and how. CMAM services should complement and link with existing programs. Provide examples:

- What are the health facilities' structures, catchment areas, staffing and health outreach systems?
- What health and nutrition services and initiatives are provided or ongoing?
- What formal and informal community-based systems exist? (Refer to **Module Three: Community Outreach.**)
- Is therapeutic feeding for the management of SAM in children available, and who is responsible for these programs?
- Are NGOs, the government or other organizations (e.g., World Food Programme [WFP]) running supplementary feeding services or programs for the management of moderate acute malnutrition (MAM) in children?
- Are services or programmes for the prevention of undernutrition in place?
- Are there any general ration or safety net programmes, and who is running these programmes?
-

## WORKING GROUPS: PRACTICE MAPPING HEALTH AND NUTRITION SERVICES.
Refer participants, still in working groups, to **Handout 7.4 Mapping Matrices.** Explain that an important first step is to develop a spatial map of the district. Then ask participants to look over the mapping matrices. Discuss the information in each and why the matrix would be useful. Provide copies of **Matrix 2** for each working group to fill out, clarifying that the matrix is looking for information on health and nutrition services, programmes and community initiatives, and not necessarily CMAM. For each of the other matrices, ask the groups to develop a plan for how the information would be gathered. Ask one group to present their matrix to the other groups. Discuss in plenary.

## PARTICIPATORY LECTURE: CAPACITY ASSESSMENTS.
Explain to participants that an essential part of planning CMAM services, in both emergency and non-emergency contexts, is to assess the capacity of existing health systems to support CMAM. This helps planners to identify what they can build on. This includes:

- A thorough analysis of the **enabling environment**: Assessing the capacity of the Ministry of Health (MOH) and collaborating NGOs; identifying, creating or adapting national policies and guidelines that support CMAM services; reviewing the health surveillance and reporting systems in the district, region or country in which a programme is being planned; and determining financial resources to support the programme
- **Access to services**: Community outreach (e.g., community assessment, community mobilization and training, community screening and referral systems), inpatient care, outpatient care, supplementary feeding, health system, staffing, integration in health services, links with other relevant services
- **Access to CMAM supplies**: Therapeutic food supplies (e.g., ready-to-use therapeutic food [RUTF], F75, F100, ReSoMal, combined mineral and vitamin mix [CMV]), medicines, equipment (e.g., scales, height boards, mid-upper arm circumference [MUAC] tapes), monitoring and reporting tools
- **Quality of CMAM services**

- **Competencies/training**

LO.2

**WORKING GROUPS:  PRACTICE CAPACITY ASSESSMENT FOR CMAM.**

Refer participants to **Handout 7.5 Capacity Grid for CMAM at the District Level** and to the grids in **Handout 7.7 Example Capacity Grids for Outpatient Care at the Health Facility Level and for CMAM at the National Level.** Discuss the grids and in what situations they would be most useful. Ask groups to reflect on the Elements to Address column and fill in the other columns: Who Currently, How Currently, MOH Capacity to Do This, Gaps, Solutions and Priority. Ask one group to share results.

Note: Facilitators and other resource people should support the working groups as they
assess their MOH capacity for CMAM.

**GROUP DISCUSSION: GHANA CASE STUDY SWOT ANALYSIS.** Remind participants of **Handout 7.2 Case Study: Situation Analysis, Ghana**, which they were to have read before beginning this module. Ask if there are any questions. If so, discuss. Ask if any participants are familiar with SWOT analyses. Explain that the analysis is important in programme planning to explore strengths, weaknesses, opportunities and threats in areas such as programme quality, capacity, human resources development and anything else pertinent to the introduction of CMAM services. Note that this is best done in a session with stakeholders involved in nutrition programming.

**WORKING GROUPS: PRACTICE A SWOT ANALYSIS.** Ask participants to return to their working groups. Distribute copies of **Handout 7.6 SWOT Analysis for CMAM**. Ask participants to fill in the SWOT table and to think of strengths, weaknesses, opportunities and threats in terms of introducing, implementing, strengthening and expanding CMAM in their area. In plenary, ask one group to share the strengths in their district, while other groups will present weaknesses, opportunities and threats, respectively.

**WORKING GROUPS: PRACTICE DETERMINING NEEDS BASED ON THE SITUATION ANALYSIS.** Still in working groups, ask participants to discuss their overall findings and determine the needs for an intervention based on the analysis of the situation. Working groups should specify the target population, geographic coverage and timeframe.

# LEARNING OBJECTIVE 3:
## DEVELOP A LOGICAL FRAMEWORK FOR CMAM

Review **Handout 7.1 Key Elements of CMAM Framework** and become familiar with **Handout 7.8 Using a Logical Framework for CMAM** and **Handout 7.9 Example Logical Framework for CMAM.**

**WORKING GROUPS: TRANSLATE NEEDS INTO A GOAL AND OBJECTIVES OF THE PROPOSED INTERVENTION.** Ask participants to draft the goal and objectives of the proposed intervention based on the identified needs, including target population, geographical area and timeframe. Ask groups to discuss the type and strategy of CMAM needed in their area. Groups should determine whether the services should be short-term emergency, emergency with a view to longer-term service delivery or non-emergency service delivery. In addition, groups should discuss whether the services will be operated by an NGO or by the MOH and whether the service should be integrated into health services or should be stand-alone. Groups should reach a consensus and report back in plenary.

**PARTICIPATORY LECTURE: LOGICAL FRAMEWORK FOR CMAM.** Draw a grid on a flip chart and fill in the column headings as they appear in **Handout 7.9 Example Logical Framework for CMAM.** Explain that a logical framework is a simplified design and planning tool that will help to identify goals, objectives, outcomes, outputs/ activities and inputs for planned CMAM services. Fill in the row headings as they appear in **Handout 7.9** while explaining how each main component (goal, service objective, outcome, output/activity) differs from the others. Use **Handout 7.8 Using a Logical Framework for CMAM, Sections A and B** as a guide.

Refer participants to **Handout 7.9** and ask them to read it quietly. In plenary:

- Ask if anyone can explain the difference between a "goal" and an "objective," then between an "objective" and an "outcome," and, finally, between an "outcome" and an "output/activity" and an "input." Suggest that they refer to **Handout 7.8** to help articulate their answers, if necessary.
- Referring to the Outputs/Activities section, ask participants if they recognize the five headings (desired outcomes) under which outputs/activities appear. These are the five domains in the Key Elements of CMAM Framework, as listed in **Handout 7.1**.
- Ask why "assumptions" is an important category of information. What if no assumptions were made? What impact could this have on measuring results once the service or programme is operating?

Referring participants to **Handout 7.8, Section C**, discuss the difference between performance indicators and output indicators. Answer any questions.

**WORKING GROUPS: PRACTICE DEVELOPING A LOGICAL FRAMEWORK.** In the same working groups, ask participants to complete a logistical framework for CMAM services in their district based on the needs they determined earlier. Explain that **Handout 7.1 Key Elements of CMAM Framework** can provide a useful framework in determining outputs/activities, as in the example in **Handout 7.9**, above. In plenary, ask working groups to compare the goals and objectives and provide example outcomes, outputs/activities and inputs. Discuss the assumptions each group made as well as the indicators.

# LEARNING OBJECTIVE 4:
## DEVELOP AN ACTION PLAN FOR CMAM

Review **Handout 7.1 Key Elements of CMAM Framework** and become familiar with
**Handout 7.10 Calculating Estimated SAM Cases**, **Handout 7.11 Staff Needs, Roles and Responsibilities**, **Handout 7.12 Calculating Estimated RUTF Needs**, **Handout 7.13 Overview of Resources for CMAM** and **Handout 7.14 Matrix for Action Planning.**

**BRAINSTORM: INFORMATION TO ASSESS BEFORE ACTION PLANNING.** Ask participants to quickly review some of the planning steps they have completed in this module so far, the conclusions they have reached and decisions made. The points they raise do not have to be exhaustive. Explain that, building on the situation analysis (needs) and logical framework (design and strategy), the next step is an action plan. Before creating the action plan, additional information is required. Ask participants to name what they think might be key information for developing an action plan. Write answers on the flip chart, asking leading questions as necessary to elicit the following answers:

1. Defining target population and geographical coverage, including estimating the number of SAM cases
2. Identifying sites, including learning sites
3. Determining staffing needs and staff roles and responsibility
4. Determining RUTF needs

**DEMONSTRATION: ESTIMATING SAM CASES.** Explain to participants that the parameters of the service delivery are important to quantify. Through their work on a situation analysis and logical framework, the target population can be determined. CMAM prioritizes children under 5, but the target population could be larger or narrower in certain contexts. Once the parameters have been identified, it is important to calculate the estimated number of children who need treatment for SAM. Refer participants to **Handout 7.10 Calculating Estimated SAM Cases** and demonstrate the calculation.

**WORKING GROUPS: PRACTICE ESTIMATING SAM CASES.** Ask participants to think back to their situation analysis. Using the information, they generated there, ask them to estimate the number of SAM cases in the geographic coverage area of their proposed programme. (If they have not done so already, they should be asked to specify the geographical or administrative area where CMAM services will be provided. This assumes that CMAM is not included in the national policy and hence is not part of the national essential health care package or routine health services). Review the calculations in plenary.

**PARTICIPATORY LECTURE: IDENTIFYING LEARNING SITES.** Explain that a learning, or pilot, site is one where health care providers from other sites can come to learn skills during in-service training or on a learning visit. Ask participants to quickly name what they think key characteristics of a good learning or pilot site are (e.g., strong capacity, easy access). Note that establishing a learning site is an effective base on which to roll out additional services. Next, it is important to define how services will be rolled out to cover the outpatient and inpatient sites as planned and to ensure community outreach skills in all targeted communities.

LO.4

**ELICITATION: CONSIDERATIONS IN SELECTING HEALTH FACILITIES.** Ask participants what should be taken into account when selecting potential health facilities for CMAM services. Possible answers include:

- Sufficient number of qualified staff (according to national policies) for expected caseload
- Expected number of patients
- Sufficient space at health facility
- Ensuring that outpatient care activities will not interfere with other ongoing activities
- Storage available
- Source of clean drinking water
- Areas of population influx and/or hot spots where caseload is always high
- Community demand

**WORKING GROUP DISCUSSION: IDENTIFYING LEARNING AND IMPLEMENTATION SITES.** Ask participants, still in working groups, to discuss potential locations for learning and implementation sites in their district. Ask them to discuss the following questions:

- Which geographic locations are best?
- What kind of support will these sites need?
- Which sites seem to be good candidates and why?

Have each group share two or three key points of their discussion. Discuss and answer any questions. Next, ask participants to discuss how they would go about expanding CMAM services from the learning site:

At what pace would they roll out new services?
- How would they build capacity at new outpatient care sites? ▪ How would they decide where to expand?

Have each group share two or three key points of their discussion.

**READING: UNDERSTANDING STAFFING NEEDS.** Refer participants to **Handout 7.11 Staff Needs, Roles and Responsibilities** and ask them to read quietly. Answer any questions.

LO.4

**PRACTICE: CALCULATING RUTF NEEDS.** Remind participants that RUTF is an essential component of CMAM, therefore, calculating estimated RUTF needs is essential. Refer participants to **Handout 7.12 Calculating Estimated RUTF Needs.** Discuss the example given and answer any questions. Then ask participants to calculate the estimated RUTF needs for the CMAM services planned in their district based on the number of SAM cases estimated above.

**GROUP DISCUSSION: ACCESS TO CMAM SUPPLIES.** Refer participants to **Handout 7.13 Overview of Resources for CMAM.** Discuss each category: staff, equipment and supplies, transport, physical structures and equipment per site. (Note that while RUTF is mentioned, actual supply should be based on RUTF needs as calculated above.) Ask participants which of the supplies on the list are challenging to obtain and what they would need to do to obtain them. Discuss and answer any questions.

**WORKING GROUPS: PRACTICE PRODUCING AN ACTION PLANNING MATRIX.** Refer participants to **Handout 7.14 Matrix for Action Planning.** Discuss the overall categories and how to think through the timing of the activities. Have participants return to their working groups and, building on work completed in the past activities, ask them to:

- List all planned activities using the Key Elements of CMAM, as listed in **Handout 7.1**, to classify the activities
- Develop a timeline
- Indicate responsible persons and resources for each activity (use the Key Elements of CMAM to classify the activities)

Have participants present their action plans in plenary, receiving feedback and suggestions from others.

Note: Logistical planning can be developed separately and includes specific actions on organizing transportation, shelter, equipment, materials and supplies, including monitoring and reporting forms.

# LEARNING OBJECTIVE 5:
## PLANNING FOR SPECIAL CASES:  TRANSITIONING AND CONTINGENCIES

Become familiar with **Handout 7.15 Matrix for Transition Planning of CMAM** and **Handout 7.16 Guidance for Contingency Planning for CMAM**. Refer back to **Handout 7.5 Capacity Grid for CMAM at the District Level** if necessary.

**BRAINSTORM: TRANSITION PLANNING.** Explain to participants that transition refers to the process leading up to hand-over, including planning and preparation for the gradual transfer of roles and responsibilities for CMAM services to the MOH until hand-over is complete. Note that in many locations, CMAM has been initiated by NGOs or outside donors in collaboration with the MOH or local/district health office. From the outset, a plan should be in place for the MOH to eventually assume control of the CMAM services, particularly if the services will be integrated into routine health services. Planning also is required if the intervention is short term and must be phased out.

On the flip chart, create a chart with two columns, labelled "Emergency CMAM Programme" and "Non-Emergency CMAM Programme." Ask participants to brainstorm on the differences between an emergency CMAM programme and a non-emergency CMAM programme (e.g., management, goals, objectives, resources, intensity, priority within the health system, staffing, components). Write ideas on the flip chart. Based on these differences, ask participants what they would need to consider during CMAM planning if they are transitioning from an emergency to a non-emergency context.

**WORKING GROUPS: PRACTICE TRANSITION PLANNING.** Refer participants to **Handout 7.15 Matrix for Transition Planning of CMAM** and tell them to refer back to their capacity assessment at the district level. Ask each working group to fill out the matrix. Have groups compare **Potential Adaptations:** This is a very context-specific activity. Trainers should adapt it to audience needs and adjust the amount of time spent on this topic. This should have been discussed in much greater detail in **Learning Objective 4: Develop an Action Plan for CMAM**. It can also be part of the CMAM Capacity Grid (see **Handout 7.5 Capacity Grid for CMAM at the District Level** for reference), rather than a separate activity. Participants' professional roles will also affect this activity. For example, health care managers might need to think about long-term support for the programme, while health care providers might be more concerned with how to handle the services with current staffing levels.

**PARTICIPATORY LECTURE: CONTINGENCY PLANNING.** Explain to participants that the nutrition situation in any given country is often uncertain. Unexpected events or circumstances, such as civil unrest or natural disasters, might rapidly increase the number of SAM cases among already vulnerable populations. It is critical to plan for these contingencies so that the system is prepared to handle an increased caseload.

For contingency planning, the threshold level—the point where the caseload exceeds the capacity to manage it—must be determined. Factors to consider include:
▪ Number of staff per health facility available for outpatient care

- Expected caseload
- Having a strategic plan in place to deal with an outpatient care caseload that exceeds capacity to manage it

In emergencies, it is important to consider which health facilities can offer CMAM, as well as whether more outpatient care sites will be needed and where to locate them. Human resource requirements should also be estimated.

LO.5

**GROUP DISCUSSION: CONTINGENCY PLANNING.** Ask participants to share examples of any advance contingency planning they have done in their health centers for any situation (not necessarily undernutrition). Ask the following questions:

- What kind of fluctuations in the nutrition situation are common in their community? ▪ What are some key elements that they consider?

Refer participants to **Handout 7.16 Guidance for Contingency Planning for CMAM**. Show the **Contingency Planning Process** flow chart and ask participants to describe the basic elements of all of the major steps.

# WRAP-UP AND MODULE EVALUATION

**REVIEW LEARNING OBJECTIVES AND COMPLETE EVALUATION FORM.**

- Review the learning objectives of the module. In this module, you have:

  1. Described key elements of CMAM and prepared for the planning process
  2. Identified key components of a situation analysis, and analyzed and conducted a basic situation analysis
  3. Developed a logical framework for CMAM
  4. Developed an action plan for CMAM
  5. Planned for transition and contingencies ▪ Ask for any questions and

     feedback on the module.

- Ask participants to complete the evaluation form.