IMAM (CMAM) Surge approach

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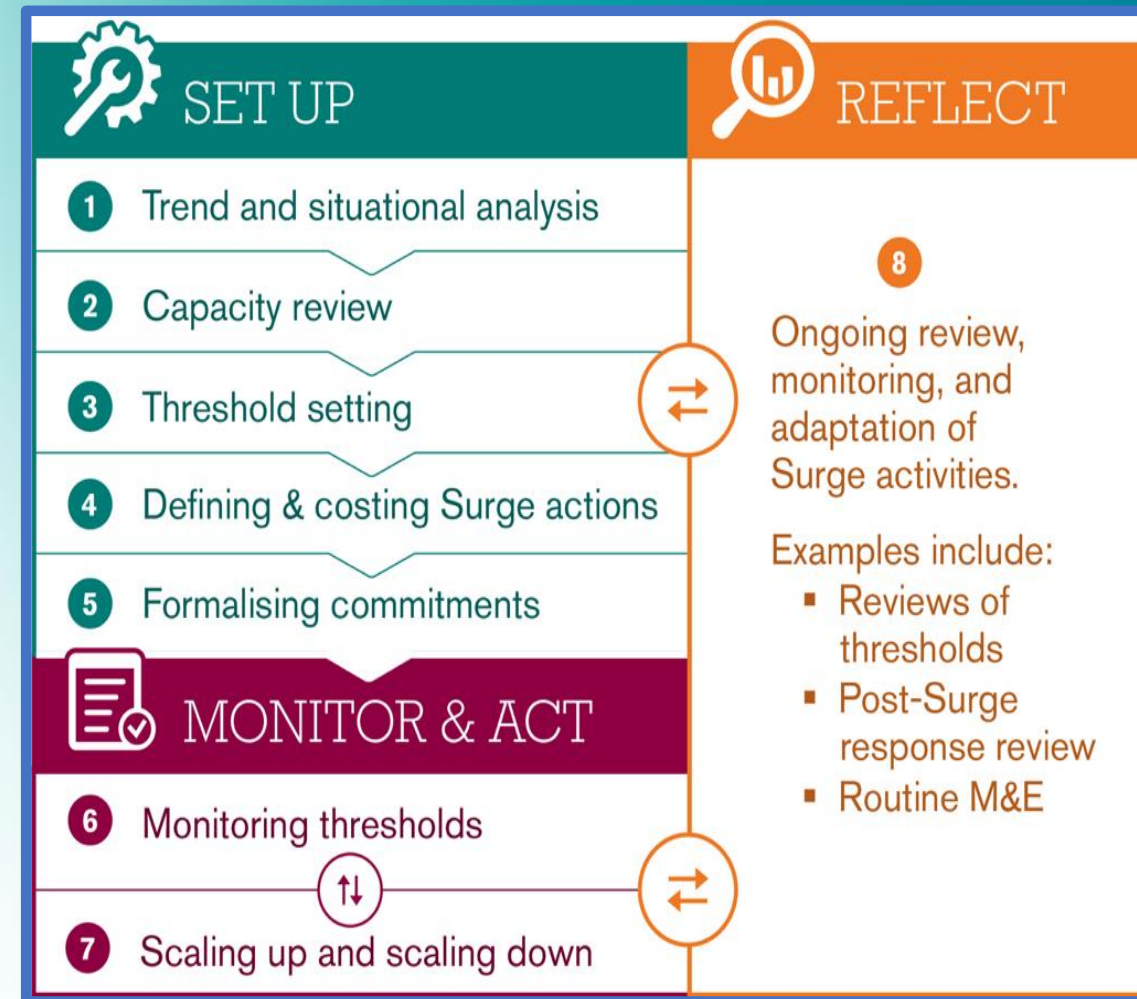
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Overview of IMAM Surge Approach

A system to provide support to health facilities and sub-county teams when responding to a deteriorating nutrition situation.

Objective: strengthen the capacity of the health systems to better anticipate, prepare for, and manage increased demand for IMAM services during peak periods.

SET UP
1. Trend and situational analysis
2. Capacity review
3. Threshold setting
4. Defining & costing Surge actions
5. Formalising commitments

MONITOR & ACT
6. Monitoring thresholds
7. Scaling up and scaling down

REFLECT
8. Ongoing review, monitoring, and adaptation of Surge activities.

Examples include:
- Reviews of thresholds
- Post-Surge response review
- Routine M&E

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Key Adaptations

Surge Approach

- Based on caseloads in OTP/SFP program
- Based on capacity to manage fluctuations in caseloads
- Surge focuses at the health facility level
- Varies from facility to facility
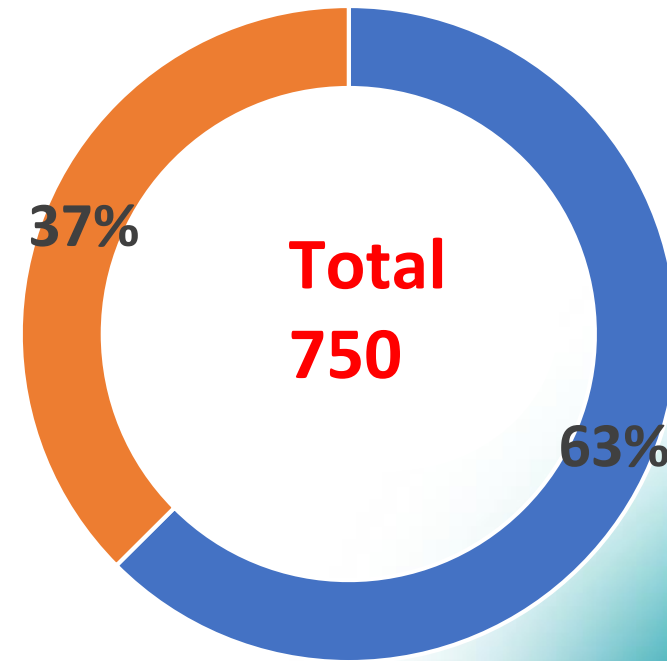- Response is specific to one facility

WHO Nutrition Emergency Classification

- Based on the GAM rates
- Based on standard methodology SMART
- It focuses on population level (sub-county)
- Same for a number of clustered villages/facilities
- Response is sub-county/county wide

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IMAM Surge Approach - Coverage in Kenya

o Adopted by Kenyan government in 2015/2016 ;

o IMAM surge toolkit developed to harmonize the roll out ;

o Two levels of trainers to guide the roll out in 2016/2017 ;

o Roll out through mentorship November 2016 ;

o Close monitoring of the roll out ;

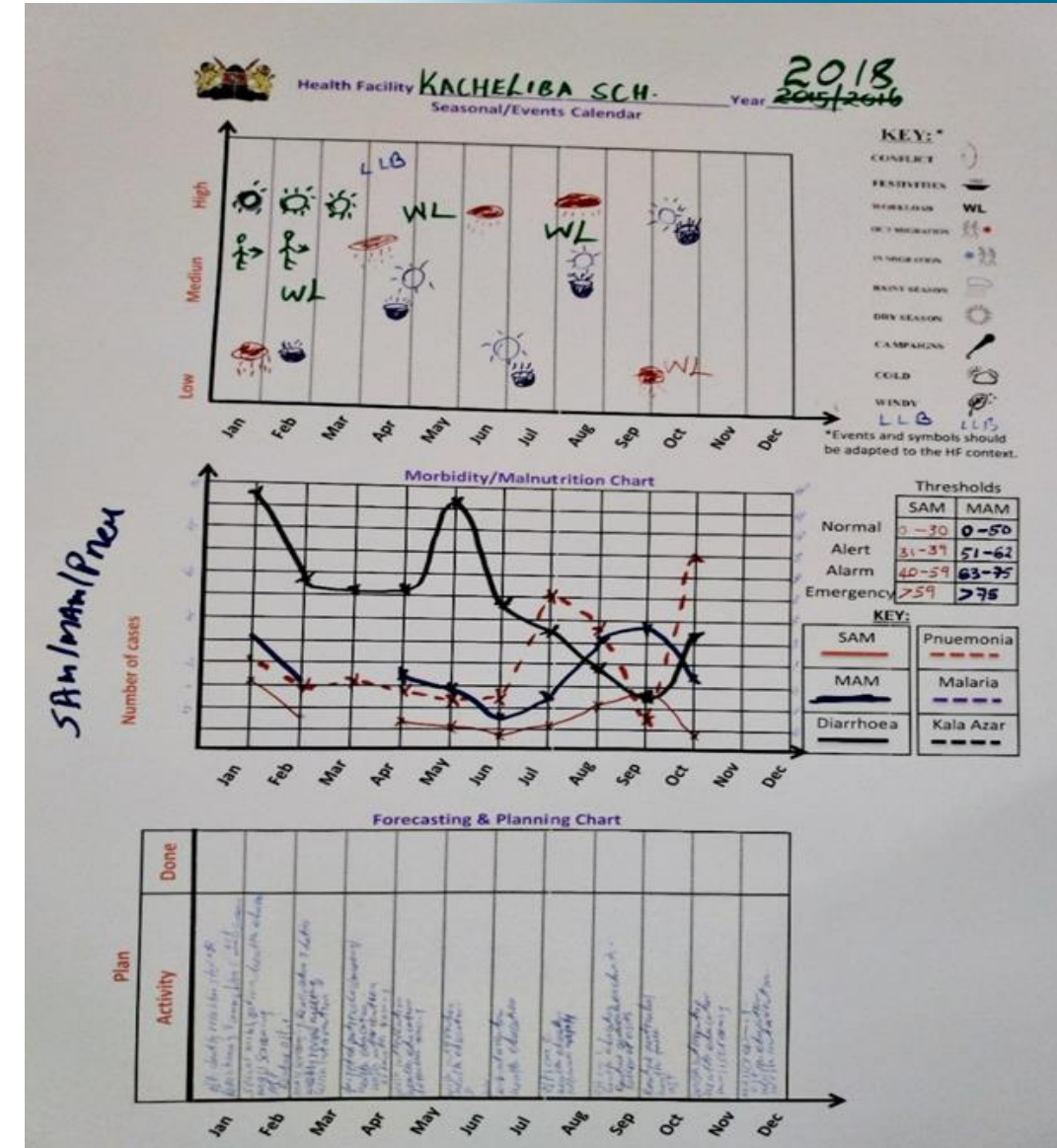o A national level technical team guide the implementation.

Facilities implementing surge in ten high burden counties

37%

Total 750

63%

■ IMAM surge facilities
■ Non- IMAM surge

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Lessons Learnt

- **Government leadership** in IMAM Surge, is critical for the sustainability.
- **Integration** of IMAM Surge into key strategic planning at County and national level.
- Use of **IMAM Surge dashboards** for earlier identification of deteriorating nutrition situation ;
- **Mentoring and OJT** at facility level critical to effective capacity development.

Ideal contexts for the adaptation

o Recurring, seasonal spikes in the prevalence of acute undernutrition and demand for services.

o IMAM services has been introduced and is endorsed by the government as a standard health activity.

o Government health systems function to a moderate standard during non-emergency times.

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Barriers/enablers for going to scale

Enablers

- Strong government leadership/ownership
- Technical leadership and guidance from national level
- Availability of a country toolkit to guide scale up.

Barriers

- Frequent drought emergencies.
- Frequent change in HF capacity.
- Low resource allocation for nutrition and surge actions
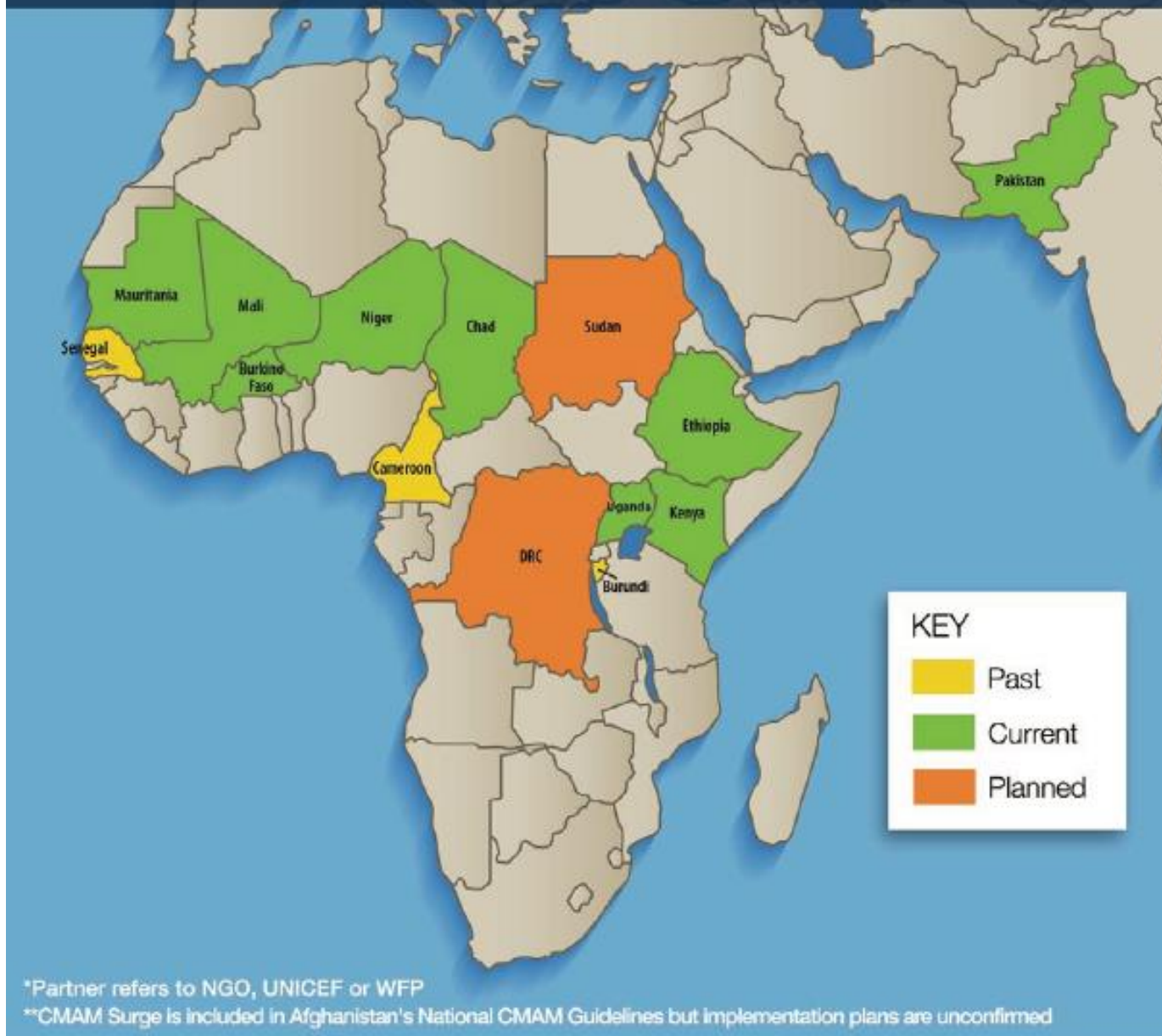- Weak community level services

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What next

- IMAM Surge is already an important tool for monitoring the nutrition situation in Kenya's ASALs, and its scale-up will continue.
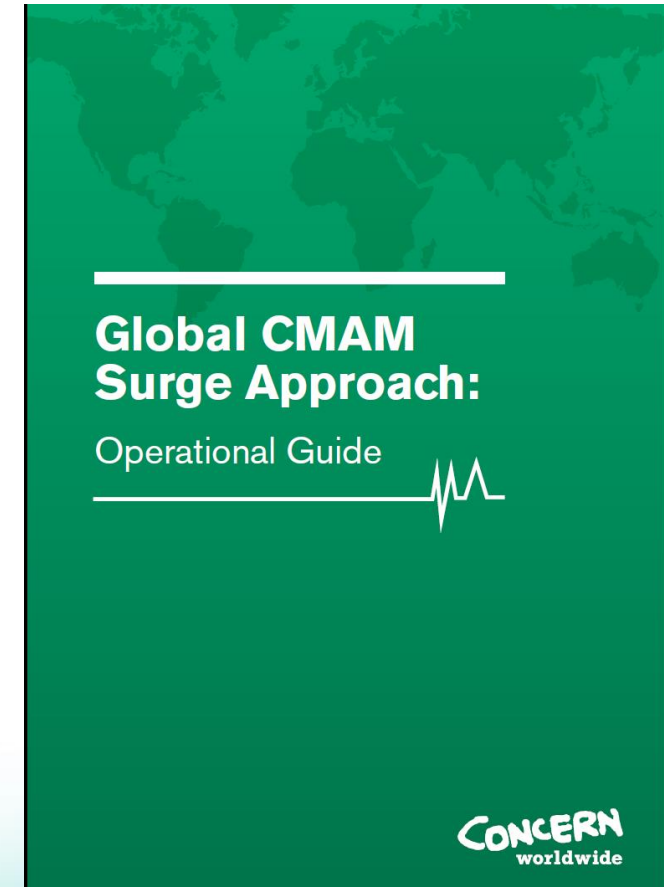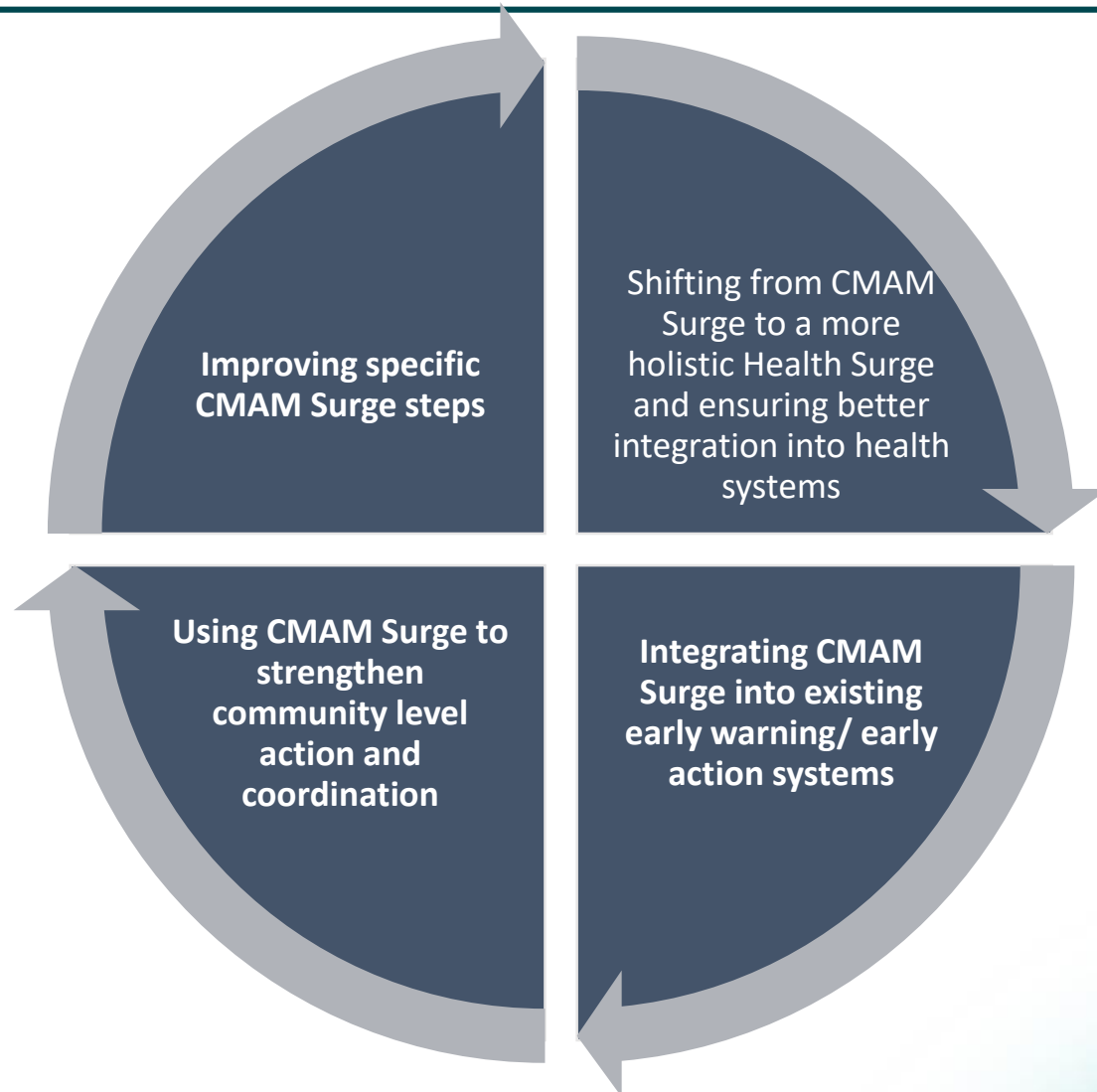- Research and learning processes to strengthen community linkage

Global Coverage of CMAM Surge

- Global CMAM Surge Taskforce;

- West Africa CMAM Surge Taskforce;

- Two country-led CMAM Surge Taskforces – Mali & Niger

Global CMAM Surge Learning Agenda and Global Guidance

Improving specific CMAM Surge steps

Shifting from CMAM Surge to a more holistic Health Surge and ensuring better integration into health systems

Using CMAM Surge to strengthen community level action and coordination

Integrating CMAM Surge into existing early warning/ early action systems

Global CMAM Surge Approach:

Operational Guide

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Thank you

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Irish Aid
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade