• Background
• Objective of Surge Approach
• Steps of Surge Approach
• Kenyan experience on IMAM Surge
• Lessons learned
• There is always a need for the management of acute malnutrition
• The needs fluctuate requiring for elasticity in the system to respond to these changing needs
• Waiting for prevalence thresholds to surpass “emergency thresholds” to initiate response will result in missed opportunities, inefficiencies and risk to loss of life
Caseload (demand for service)

Surge support

Ongoing health systems strengthening efforts

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

The main objective of IMAM Surge Approach is to strengthen the capacity of government health systems to effectively manage increased and decreased demand for services for the management of acute malnutrition before, during and after shocks whilst protecting and supporting on-going health and nutrition system strengthening efforts.
Surge is an key example of the humanitarian development nexus

- Utilization of data
- Communication between health worker, facility in charge, and HMT
- Predictable response package
- System strengthening
IMAM Surge Model

Number new admissions into OTP

External support to government

Introduce SMS fast track supply order system for drugs/RUTF

Additional supervision (fuel & allowances)

Revise OTP schedule (daily vs. weekly)

Increase defaulter follow up

Increase # paid comm. Mob.

Outreach/ mobile clinics

Store RUTF in communities

Increase H&N community sessions

Increase # nurses/ HW

Increase # of volunteers

Compile data weekly instead of monthly

Train add. staff

Conduct emergency coordination meetings

Increase # of sites

Preposition drugs & RUTF

Increase supervision & OJT

Mass awareness campaign

Incentives for volunteers for increased work

Refresher trainings

Deliver emergency stocks to HFs

Provide

Move from weekly to daily OTP services

Ambulance for SC referrals

Clinic to revise protocols

Bi-weekly OTP follow up visit

Improve patient flow

Simplify MF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Exhaustive house-to-house MUAC screening incl. coverage information

Increase frequency of district coordination meetings

Increase # volunteers helping out at HF

Increase # of sites

Incentives for volunteers for increased work

Prepare

Increase

supervision & OJT

Additional supervision (fuel & allowances)

Bi-weekly OTP follow up visit

Improve patient flow

Simplify HF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Baseline

Normal nutritional operating environment

Expected seasonal spike

Review meeting

Number new admissions into OTP

External support to government

Introduce SMS fast track supply order system for drugs/RUTF

Additional supervision (fuel & allowances)

Revise OTP schedule (daily vs. weekly)

Increase defaulter follow up

Increase # paid comm. Mob.

Outreach/ mobile clinics

Store RUTF in communities

Increase H&N community sessions

Increase # nurses/ HW

Increase # of volunteers

Compile data weekly instead of monthly

Train add. staff

Conduct emergency coordination meetings

Increase # of sites

Preposition drugs & RUTF

Increase supervision & OJT

Mass awareness campaign

Incentives for volunteers for increased work

Refresher trainings

Deliver emergency stocks to HFs

Provide

Move from weekly to daily OTP services

Ambulance for SC referrals

Clinic to revise protocols

Bi-weekly OTP follow up visit

Improve patient flow

Simplify MF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Exhaustive house-to-house MUAC screening incl. coverage information

Increase frequency of district coordination meetings

Increase # volunteers helping out at HF

Increase # of sites

Incentives for volunteers for increased work

Prepare

Increase

supervision & OJT

Additional supervision (fuel & allowances)

Bi-weekly OTP follow up visit

Improve patient flow

Simplify HF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Baseline

Normal nutritional operating environment

Expected seasonal spike

Review meeting

Number new admissions into OTP

External support to government

Introduce SMS fast track supply order system for drugs/RUTF

Additional supervision (fuel & allowances)

Revise OTP schedule (daily vs. weekly)

Increase defaulter follow up

Increase # paid comm. Mob.

Outreach/ mobile clinics

Store RUTF in communities

Increase H&N community sessions

Increase # nurses/ HW

Increase # of volunteers

Compile data weekly instead of monthly

Train add. staff

Conduct emergency coordination meetings

Increase # of sites

Preposition drugs & RUTF

Increase supervision & OJT

Mass awareness campaign

Incentives for volunteers for increased work

Refresher trainings

Deliver emergency stocks to HFs

Provide

Move from weekly to daily OTP services

Ambulance for SC referrals

Clinic to revise protocols

Bi-weekly OTP follow up visit

Improve patient flow

Simplify MF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Exhaustive house-to-house MUAC screening incl. coverage information

Increase frequency of district coordination meetings

Increase # volunteers helping out at HF

Increase # of sites

Incentives for volunteers for increased work

Prepare

Increase

supervision & OJT

Additional supervision (fuel & allowances)

Bi-weekly OTP follow up visit

Improve patient flow

Simplify HF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Baseline

Normal nutritional operating environment

Expected seasonal spike

Review meeting

Number new admissions into OTP

External support to government

Introduce SMS fast track supply order system for drugs/RUTF

Additional supervision (fuel & allowances)

Revise OTP schedule (daily vs. weekly)

Increase defaulter follow up

Increase # paid comm. Mob.

Outreach/ mobile clinics

Store RUTF in communities

Increase H&N community sessions

Increase # nurses/ HW

Increase # of volunteers

Compile data weekly instead of monthly

Train add. staff

Conduct emergency coordination meetings

Increase # of sites

Preposition drugs & RUTF

Increase supervision & OJT

Mass awareness campaign

Incentives for volunteers for increased work

Refresher trainings

Deliver emergency stocks to HFs

Provide

Move from weekly to daily OTP services

Ambulance for SC referrals

Clinic to revise protocols

Bi-weekly OTP follow up visit

Improve patient flow

Simplify MF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Exhaustive house-to-house MUAC screening incl. coverage information

Increase frequency of district coordination meetings

Increase # volunteers helping out at HF

Increase # of sites

Incentives for volunteers for increased work

Prepare

Increase

supervision & OJT

Additional supervision (fuel & allowances)

Bi-weekly OTP follow up visit

Improve patient flow

Simplify HF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Baseline

Normal nutritional operating environment

Expected seasonal spike

Review meeting

Number new admissions into OTP

External support to government

Introduce SMS fast track supply order system for drugs/RUTF

Additional supervision (fuel & allowances)

Revise OTP schedule (daily vs. weekly)

Increase defaulter follow up

Increase # paid comm. Mob.

Outreach/ mobile clinics

Store RUTF in communities

Increase H&N community sessions

Increase # nurses/ HW

Increase # of volunteers

Compile data weekly instead of monthly

Train add. staff

Conduct emergency coordination meetings

Increase # of sites

Preposition drugs & RUTF

Increase supervision & OJT

Mass awareness campaign

Incentives for volunteers for increased work

Refresher trainings

Deliver emergency stocks to HFs

Provide

Move from weekly to daily OTP services

Ambulance for SC referrals

Clinic to revise protocols

Bi-weekly OTP follow up visit

Improve patient flow

Simplify MF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Exhaustive house-to-house MUAC screening incl. coverage information

Increase frequency of district coordination meetings

Increase # volunteers helping out at HF

Increase # of sites

Incentives for volunteers for increased work

Prepare

Increase

supervision & OJT

Additional supervision (fuel & allowances)

Bi-weekly OTP follow up visit

Improve patient flow

Simplify HF reporting

Weekly monitoring of admissions

Monthly HF review meetings

Height on admission & monthly visit only

Ensure minimum buffer stock of drugs/ RUTF

Baseline

Normal nutritional operating environment

Expected seasonal spike

Review meeting

*Developed and piloted by CONCERN WORLDWIDE
Steps of the IMAM Surge approach

The IMAM Surge Approach

Setting it up: analysis & planning

- Session 1
  - Step 1: Trends & Risk Analysis
- Session 2
  - Step 2: Capacity Review
  - Step 3: Threshold setting
  - Step 4: Defining surge actions

Real-time monitoring and action

- All of the time
  - Step 6: Monitoring caseloads against thresholds
  - With surges
    - Step 7: Scaling up and scaling down surge actions

Reflect: Regular review and adaptation

- Regularly
  - Step 8: Reviews and monitoring of surge activities
    - Reviews of thresholds
    - Post surge response review
    - Routine M&E
    - Annual surge review
<table>
<thead>
<tr>
<th>Phase</th>
<th>Proportion of facilities reporting to be in alarm or/ and emergency phase</th>
<th>PLUS</th>
<th>VCI</th>
<th>NDMA drought phase</th>
<th>SMART Survey GAM rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Normal</td>
<td>B</td>
<td>C</td>
<td>Normal</td>
<td>&lt;10%</td>
</tr>
<tr>
<td></td>
<td>&lt;25% of Health Facilities</td>
<td></td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alert</td>
<td>Alert</td>
<td></td>
<td>20-35</td>
<td>Alert</td>
<td>10 – 15%</td>
</tr>
<tr>
<td></td>
<td>25 – 49 % of Health facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alarm</td>
<td>Alarm</td>
<td></td>
<td>10-19</td>
<td>Alarm</td>
<td>&gt;15%</td>
</tr>
<tr>
<td></td>
<td>50 - 69% of Health facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>Emergency</td>
<td></td>
<td>&lt;10</td>
<td>Emergency</td>
<td>≥20%</td>
</tr>
<tr>
<td></td>
<td>≥70 % of Health facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Kenyan experience of IMAM Surge

Piloted by Concern 2012 - 2014

Evaluated in March 2015

National operational guide and training tools 2015/2016

Roll out started in August 2016

Evaluation findings:

1. Health Systems’ ability to manage increased caseloads of acute malnutrition was strengthened
2. Contributed to improved coverage, use of data and Communication between HF and SCHMT
3. Recommended for scale up

EMERGENCY late 2016 and 2017
## IMAM Surge Approach Current Implementation Status 1.

<table>
<thead>
<tr>
<th>County</th>
<th>Total number of facilities</th>
<th>Nbr of facilities implementing Surge</th>
<th>% of facilities implementing Surge</th>
<th>Number of facilities where Surge was activated</th>
<th>% of facilities implementing Surge where surge response was activated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marsabit</td>
<td>75</td>
<td>73</td>
<td>95%</td>
<td>29</td>
<td>40%</td>
</tr>
<tr>
<td>Wajir</td>
<td>104</td>
<td>31</td>
<td>30%</td>
<td>13</td>
<td>42%</td>
</tr>
<tr>
<td>Turkana</td>
<td>172</td>
<td>9</td>
<td>5%</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>Isiolo</td>
<td>37</td>
<td>12</td>
<td>32%</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Samburu</td>
<td>48</td>
<td>11</td>
<td>23%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Tana River</td>
<td>55</td>
<td>14</td>
<td>25%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Baringo</td>
<td>35</td>
<td>3</td>
<td>9%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>All</td>
<td>526</td>
<td>153</td>
<td>29%</td>
<td>55</td>
<td>36%</td>
</tr>
</tbody>
</table>
IMAM Surge Approach Current Implementation Status 2.

- Marsabit: 75 facilities, 95% implementing Surge
- Wajir: 104 facilities, 30% implementing Surge
- Turkana: 172 facilities, 5% implementing Surge
- Isiolo: 37 facilities, 32% implementing Surge
- Samburu: 48 facilities, 23% implementing Surge
- Tana River: 55 facilities, 25% implementing Surge
- Baringo: 35 facilities, 9% implementing Surge

- Total number of facilities
- % of facilities implementing Surge
IMAM Surge Approach Implementation Status 3.

- Marsabit: 29
- Wajir: 13
- Turkana: 9
- Isiolo: 4
- Samburu: 0
- Tana River: 0
- Baringo: 0

- Number of facilities where Surge was activated
- % of facilities implementing Surge where surge response was activated
### Example: Laisamis Sub-county in Marsabit dashboard

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Alert Threshold</th>
<th>Alarm Threshold</th>
<th>Emergency Threshold</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loglogo AIC dispensary</td>
<td>SAM</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>7</td>
<td>Normal</td>
<td>13</td>
<td>Alert</td>
</tr>
<tr>
<td></td>
<td>MAM</td>
<td>15</td>
<td>21</td>
<td>30</td>
<td>0</td>
<td>Normal</td>
<td>16</td>
<td>Alert</td>
</tr>
<tr>
<td>Kamboe</td>
<td>SAM</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>0</td>
<td>Normal</td>
<td>0</td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>MAM</td>
<td>8</td>
<td>11</td>
<td>15</td>
<td>0</td>
<td>Normal</td>
<td>0</td>
<td>Normal</td>
</tr>
<tr>
<td>Ilontolo</td>
<td>SAM</td>
<td>7</td>
<td>10</td>
<td>15</td>
<td>2</td>
<td>Normal</td>
<td>1</td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>MAM</td>
<td>17</td>
<td>22</td>
<td>30</td>
<td>10</td>
<td>Normal</td>
<td>8</td>
<td>Normal</td>
</tr>
<tr>
<td>Merile dispensary</td>
<td>SAM</td>
<td>6</td>
<td>10</td>
<td>15</td>
<td>2</td>
<td>Normal</td>
<td>7</td>
<td>Alert</td>
</tr>
<tr>
<td></td>
<td>MAM</td>
<td>13</td>
<td>18</td>
<td>25</td>
<td>0</td>
<td>Normal</td>
<td>10</td>
<td>Normal</td>
</tr>
<tr>
<td>Oloturo</td>
<td>SAM</td>
<td>4</td>
<td>10</td>
<td>15</td>
<td>0</td>
<td>Normal</td>
<td>5</td>
<td>Alert Emergency</td>
</tr>
<tr>
<td></td>
<td>MAM</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>61</td>
<td>Emergency</td>
<td>25</td>
<td>Emergency</td>
</tr>
<tr>
<td>Gatab</td>
<td>SAM</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td>6</td>
<td>Alert Emergency</td>
<td>2</td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>MAM</td>
<td>13</td>
<td>17</td>
<td>22</td>
<td>27</td>
<td>Emergency</td>
<td>39</td>
<td>Normal</td>
</tr>
<tr>
<td>Elmolo</td>
<td>SAM</td>
<td>7</td>
<td>10</td>
<td>13</td>
<td>43</td>
<td>Emergency</td>
<td>20</td>
<td>Eme</td>
</tr>
<tr>
<td></td>
<td>MAM</td>
<td>17</td>
<td>20</td>
<td>23</td>
<td>148</td>
<td>Emergency</td>
<td>103</td>
<td>Eme</td>
</tr>
<tr>
<td>Loiyangalani H/C</td>
<td>SAM</td>
<td>11</td>
<td>21</td>
<td>31</td>
<td>13</td>
<td>Alert</td>
<td>18</td>
<td>Alert</td>
</tr>
<tr>
<td></td>
<td>MAM</td>
<td>20</td>
<td>41</td>
<td>60</td>
<td>48</td>
<td>Alarm</td>
<td>40</td>
<td>Alert</td>
</tr>
<tr>
<td>Balla</td>
<td>SAM</td>
<td>6</td>
<td>11</td>
<td>20</td>
<td>1</td>
<td>Normal</td>
<td>3</td>
<td>Normal</td>
</tr>
</tbody>
</table>

The table shows the number of new admissions for SAM & MAM phases and the threshold levels for alert, alarm, and emergency.
### Sub-county/County Level Summary Dashboard

<table>
<thead>
<tr>
<th>Sub-County</th>
<th>Phase of Nutrition Situation</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wajir South</td>
<td>% of facilities in Normal</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Wajir South</td>
<td>% of facilities in Alert</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir South</td>
<td>% of facilities in Alarm</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir South</td>
<td>% of facilities in Emergency</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir North</td>
<td>% of facilities in Normal</td>
<td>67%</td>
<td>33%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Wajir North</td>
<td>% of facilities in Alert</td>
<td>17%</td>
<td>17%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir North</td>
<td>% of facilities in Alarm</td>
<td>0%</td>
<td>33%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir North</td>
<td>% of facilities in Emergency</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Eldas</td>
<td>% of facilities in Normal</td>
<td>50%</td>
<td>75%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Eldas</td>
<td>% of facilities in Alert</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>Eldas</td>
<td>% of facilities in Alarm</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Eldas</td>
<td>% of facilities in Emergency</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir East</td>
<td>% of facilities in Normal</td>
<td>100%</td>
<td>66%</td>
<td>100%</td>
<td>100%</td>
<td>83.3</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Wajir East</td>
<td>% of facilities in Alert</td>
<td>0%</td>
<td>33%</td>
<td>0%</td>
<td>0%</td>
<td>16.7</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir East</td>
<td>% of facilities in Alarm</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir East</td>
<td>% of facilities in Emergency</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Tarbaj</td>
<td>% of facilities in Normal</td>
<td>67%</td>
<td>33%</td>
<td>83.00%</td>
<td>66.00%</td>
<td>50%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Tarbaj</td>
<td>% of facilities in Alert</td>
<td>17%</td>
<td>17%</td>
<td>33%</td>
<td>17.00%</td>
<td>34.00%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Tarbaj</td>
<td>% of facilities in Alarm</td>
<td>0%</td>
<td>33%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Tarbaj</td>
<td>% of facilities in Emergency</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir West</td>
<td>% of facilities in Normal</td>
<td>67%</td>
<td>33%</td>
<td>40%</td>
<td>80%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Wajir West</td>
<td>% of facilities in Alert</td>
<td>17%</td>
<td>17%</td>
<td>40%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir West</td>
<td>% of facilities in Alarm</td>
<td>0%</td>
<td>33%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wajir West</td>
<td>% of facilities in Emergency</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Key Achievements

• 36% of health facilities in seven of the most drought affected counties using IMAM Surge

• Government contribution & leadership on Surge response including IMAM support package
  – *Engagement of Sub County Health Management Team*

• Multi-stakeholder engagement in coordination and response, including allocation of funds from the GoK Drought Contingency Fund

• Better articulation of risk-informed nutrition activities in GoK DCF
Challenges

- The current emergency hit while many counties were still rolling out the IMAM Surge.
- Facility community linkage needs reinforcement

Solution - Some counties set up WhatsApp group for sharing of experiences
Nationwide Nurses strike from early June 2017 still not resolved

Surge staff support from KRCS

...Further Challenges..
Lessons learned to date..

• IMAM Surge improved the responsiveness of the health system for the drought emergency with minimal external support at the outset
• IMAM Surge implementation was more effective in counties where the MoH ownership is strong
• Strong community-facility linkage is key to successful implementation
• The role of social media for peer learning and experience sharing among practitioners
Asante!