

Theme(s): Health Systems Resilience, Community Response, Social Inclusion and Marginalisation

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Issues

- The Integrated Management of Acute Malnutrition (IMAM) Surge approach complements routine IMAM services by helping health teams at all levels better anticipate, prepare for, and manage increases in demand for services for acute malnutrition.
- Experience has shown that health systems are often overwhelmed by morbidities which include seasonal influxes of diarrhoea or malaria cases.
- Evaluations and reviews of the IMAM Surge approach have highlighted some positive ‘spillover’ effects on health services beyond just IMAM.
- Nawiri is a five year project funded by USAID and implemented by the County Health Departments of Marsabit and Isiolo and a consortium of NGOs including CRS and Concern.

Description

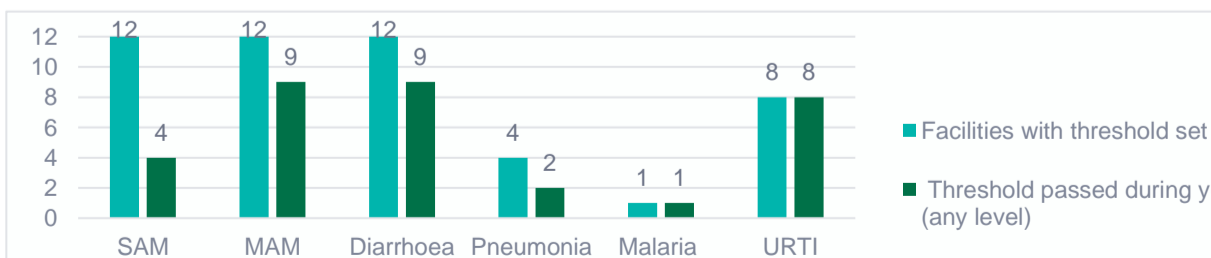
- Concern and the County Health Management Teams under the NAWIRI project, designed and piloted the Health Surge Approach across 12 health facilities in Kenya for one year.
- The aim was to explore the acceptability, feasibility and added value of adapting the IMAM Surge approach to better prepare the health system to manage seasonal peaks in childhood illnesses alongside child malnutrition (‘Health Surge’).

Main differences between IMAM Surge and Health Surge approach

Current IMAM Surge Approach	Adapted Health Surge Approach
Focuses on services for severe acute malnutrition (SAM) & moderate acute malnutrition (MAM)	Focus on services for acute malnutrition and child illness
Thresholds are set based on total admissions of SAM & MAM	Thresholds based on SAM/ MAM and priority child illnesses that fluctuate during the year (diarrhoea, ARI, malaria)
Surge actions focus mostly on delivering acute malnutrition	Surge actions more holistic – including those for SAM/ MAM and child illness as well as more fundamental actions to improve efficiency of overall service delivery

Lessons learnt

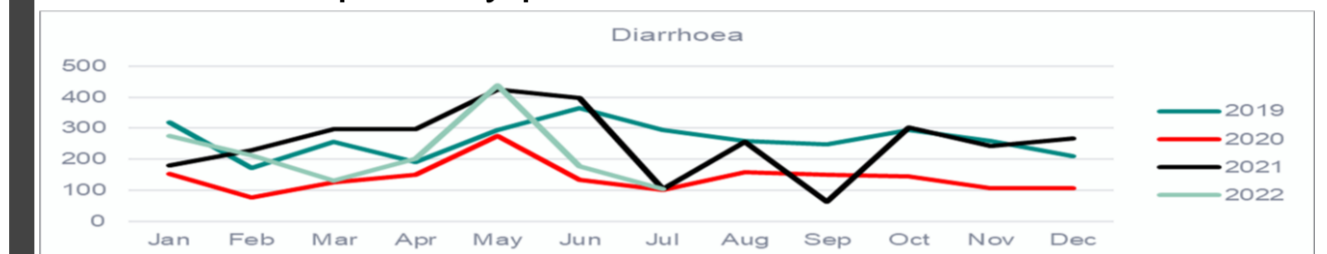
1. The integration of child illness into the existing IMAM Surge Approach was found to be relevant, more acceptable, more efficient and potentially more effective compared to IMAM Surge alone.
2. Seasonal trends in admissions/ consultations for acute malnutrition, diarrhoea and ARI were difficult to see from the DHIS data
3. The main health surge actions identified were expansion of outreach services, supply of water purification tablets and top up of essential drugs.
4. Drug shortages and insufficient funding for outreach services is hampering access to quality services at most health facilities.
5. Overall, 59 thresholds were passed: 25 Alert, 15 Alarm and 19 Emergency. The most often were for diarrhoea and MAM followed by ARI.



Timing of peaks - Trends and peaks vary for each illness, (KHIS data for the pilot facilities). SAM and MAM admission peaks seem to occur mostly in the early months of the year:



Diarrhoea consultations peak for under-fives occur towards the middle of the year (April-June). Pneumonia peaked in May in 2021 and 2022, corresponds to the cold season when ARIs reportedly peak.



Next steps/way forward

Building on the experience of IMAM Surge, the ‘Health Surge’ approach empowers health facility staff to utilize health and nutrition data to better anticipate caseload peaks and make timely decisions and actions for improved service delivery which further complements broader efforts towards strengthening integrated management of child illness (IMCI) for improved quality of care in Kenya. Nawiri will therefore;

- ❑ Engage the national health and nutrition authorities discuss the potential implications for the future of national IMAM Surge strategy
- ❑ Integrate the ‘Health Surge’ components under a new ‘IMAM Surge Plus’ for expansion to other health facilities in the four sub counties supported by the Nawiri project.
- ❑ Before expanding, refine and consolidate the IMAM Surge Plus tools and guidance based on the pilot experience.
- ❑ Document further learning and share with stakeholders at local, national and international level.