

Community-based Therapeutic Care (CTC)

A Field Manual

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This manual was produced by the CTC Research and Development programme, a collaboration between Valid International and Concern Worldwide.



Valid International

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ABBREVIATIONS AND TERMS

| | |
|---------------------|---|
| ACT | Artemisinin-Based Combination Therapy |
| CBO | Community based organisation |
| CDR | Crude death rate |
| CHW | Community health worker |
| Community volunteer | Volunteer conducting mobilisation, community referrals and follow-up in the community |
| Community referral | The process of identifying malnourished children in the community and sending them to the programme site for entry into the programme |
| CSAS | Centric systematic area sampling |
| CSB | Corn soya blend |
| CTC | Community-based therapeutic care |
| DOTS | Directly observed therapy short course |
| EPI | Extended programme of immunisation |
| F100 | Formula 100 therapeutic milk for Phase 2 inpatient treatment |
| F75 | Formula 75 therapeutic milk for Phase 1 inpatient treatment |
| FGD | Focus group discussion |
| GAM | Global acute malnutrition |
| GFD | General food distribution |
| HBC | Home-based care |
| IM | Intra-muscular |
| IMCI | Integrated Management of Childhood Illness |
| INACG | International Nutritional Anaemia Consultancy Group |
| MCH | Mother and child health |
| Medical referral | Child referred to a hospital or other medical centre outside of the programme for specific medical treatment or investigation |

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| MoH | Ministry of Health |
| MUAC | Mid upper arm circumference |
| NGO | Non governmental organisation |
| NRU | Nutrition rehabilitation unit |
| OTP | Outpatient therapeutic programme |
| Outreach worker | Person employed to conduct community referrals and follow-up |
| PLWHA | People living with HIV/AIDS |
| RUF | Ready-to-use food (collective term for RUTF, RUSF and others) |
| RUSF | Ready-to-use supplementary food |
| RUTF | Ready-to-use therapeutic food |
| SAM | Severe acute malnutrition |
| SC | Stabilisation centre |
| Self-referral | Carers bring their child to the site without having been referred by outreach workers or community volunteers |
| SFP | Supplementary feeding programme |
| TFC | Therapeutic feeding centre |
| Therapeutic programme | The OTP and SC together make up the therapeutic programme |
| Transfer | A child in the programme who is moved to a different component, e.g. from SFP to OTP or SC, from SC to OTP |
| UNICEF | United Nations Children's Fund |
| VCT | Voluntary counselling and testing |
| WFP | World Food Programme |
| WHM | Weight for height, percentage of median |
| WHO | World Health Organisation |

PREFACE

This manual reflects the experience gained over five years of implementing and developing Community-based Therapeutic Care (CTC). It is a practical guide that aims to help health and nutrition managers to design, implement and evaluate CTC programmes. It will also be relevant to a variety of others working in relief and development:

- Field practitioners who want a better understanding of CTC programmes.
- Project managers with Non-governmental Organisations (NGOs) and United Nations (UN) agencies addressing problems of acute malnutrition.
- Government officials within Ministries of Health and other government and middle-level agencies who want to learn about CTC and where it might be an appropriate response.
- Technical specialists with the UN, donor agencies and non governmental organisation (NGO) headquarters who want to understand what CTC programmes involve and deliver.
- Evaluators who want to know the issues relevant to CTC.

CTC is an evolving model. This manual should therefore be considered as dynamic. It will be periodically revised and updated. In recognition of the context-specific nature of CTC, this manual is not intended as a 'cookbook', whereby the reader follows a recipe and achieves the desired result. Rather, it is meant to be a tool to enable the reader to ask the right questions and determine the processes that will form the building blocks of effective programming.

CTC experience to date has been primarily with children aged six months to five years. Therefore this manual principally refers to the management of children in this age group and refers to child/children throughout the text. Guidelines for other groups are not included. This does not imply that other groups in the population such as adolescents, adults and the elderly cannot be treated using CTC protocols. However, this will require a modification of the protocols.

Check lists and protocols can be found in the annexes and these can be printed from the accompanying CD.