

CTC Advisory Service (CAS)

**An approach to
support scale-up and
integration in Malawi**



**International CMAM Meeting
Washington DC
28 - 30 April 2008**



Background

- MoH adopts CTC as routine health service for management of acute malnutrition
- CTC integrated as focus area in MoH work plan within EHP and SWAP framework
- Consensus on CTC scale up plan
- Increased demand for CTC technical support by districts and partners following the scale up plan
- CAS created in response to the increased demand to spearhead the scale-up and integration; harmonized the CTC service delivery and ensure quality

CTC Advisory Service

- A technical arm of the MoH nutrition unit with representatives from
 - Key government institutions
 - UN and other development agencies
 - NGOs supporting CTC programme
 - Academic institutions
- Composed of representations with varying competencies, defined roles based on institutional mandate and comparative advantage

CAS's organizational structure

- MoH is CTC authority heading CAS
- CAS governed by a CTC steering Committee: Policy directed by MGDS and MoH policy direction
- CAS secretariat in MoH with 8 technical experts in CTC and other competences in programme design and development, community mobilization, training, community education and monitoring
- Operates through CTC Technical Committee: Capacity assessment, joint planning, capacity building, monitoring, review and coaching
- Linked to TNP through CTC technical committee, and through TNP to National Nutrition Committee

The CAS's key functions

- Providing technical support to CTC stakeholders: Programme design, implementation, monitoring and institutionalisation
- Building capacity of CTC implementers in the Health sector, community and NGO partners
- Coordinating CTC activities within the Health sector and across partners
- Spearheading development of National CTC guidelines, training materials and monitoring tools
- Generating evidence for programme scale up, development and integration
- Advocacy and resource mobilisation for CTC scale up
- Strengthening the national output monitoring system

CAS functions within the MoH

- CAS office physically located within the MoH nutrition unit since July 2007
- CAS consolidates CTC implementation plans which are incorporated in MoH annual work plans at Central level and in DIPs
- CAS supports consolidation of monthly program reports for feedback to the monthly national Targeted Nutrition Program (TNP) coordination meetings and National Nutrition Committee and Steering Committee meetings
- CAS facilitates an environment for learning and knowledge exchange through the CTC Learning Forum
 - Harmonize implementation of program
 - Build evidence for policy and program development
 - Coaching/mentorship

CAS functions within the MoH cont'd..

- CAS identifies challenges and advocates for system development or strengthening, policy directions and government commitments and budgetary allocations
- Advocates for resource mobilization to effectively implement CTC
 - Main channel is the national CTC steering committee (policy making)
 - Nutrition development partners' meeting co-shared by OPC and UNICEF
- CAS coordinates and support training of service providers



Main achievements of CAS

- Harmonized CTC approach by supporting the development of:
 - National CTC guidelines
 - Monitoring and reporting tools
 - Monitoring and reporting system – district to national
 - Training materials
 - Coordination structures at the district level, such as district TNP meetings

Achievements cont'd...

- Training and coaching district MoH to implement and manage CMAM
- Initial and refresher training of health staff on national guidelines and reporting mechanisms
 - Training on community mobilization
 - Coordination with training on inpatients and SFP
 - Have a pool of 31 national Trainers
 - Pool of district trainers
- National database development and management
- Planning for procurement and delivery of supplies

Achievements cont'd...

- Generated evidence for CTC scale up
- Successfully advocated for inclusion of CTC into national health and nutrition policies and plans based on the evidence
- Facilitated development of CTC scale up plan
- Development of strong partnerships, coordinating mechanisms and institutional capacity for CTC
- Review of existing health systems for opportunities to effectively integrate CTC services and monitoring within the public health approach and the curative services
- Successfully advocated for expanding local production of the Ready to Use Therapeutic food used in CTC
- Successfully advocated for CTC integration in IMCI, ENA and ACSD national strategy

Capacity building/ training

- Training requests from districts sent to MoH with cc to CAS
 - Training provided for districts ToTs (clinicians or nurses)
 - CAS provides a trainer from amongst its pool of 3 trainers
 - MoH identifies a trainer from the pool of ToTs
 - Trainers use training manual and interim guidelines



Capacity building/ training

- Training sessions evaluated using a pre and post test. Other tools used are CTC Course Effectiveness, CTC Trainer Skills Checklist, and Training Checklist
- CAS staff carry out informal evaluation of trainings when they go out to field on mentoring/support field visits and this information is reported back in a trip report
- CAS organizes field learning trips for partners' staff
- The CTC learning forum is another tool

Lessons Learned

- Having a separate technical support and coordinating body, the CAS, is an important step in facilitating scale-up and integration of a new approach
- Active capacity building, readily accessible technical support, and evidence based advocacy national and district level is essential to move CTC program forward
- CAS's authority and CTC ownership rest with Ministry of Health, hence much more likely to gain broad acceptance within the country – sustainability
- Integration of CTC into the Primary Health Care system is possible with strong leadership, commitment and partnerships with diverse competences and clearly defined roles and responsibilities
- CAS model can be used for broader health interventions

Way Forward for CAS

- Develop national guidelines for integrating CTC program in the DIPs
- Assisting DHOs to scale-up within the districts (increasing coverage within the district)
- Skills enhancement for district staff and partners in supervision, data management, logistics and referral
- Documentation and wide dissemination of best practices and lessons learned
- Programme review and evaluation
- Review guidelines and training curriculum



Thank you
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