

Community Therapeutic Care

(CTC)

Outline

- **CTC and acute malnutrition**
- **How CTC works**
- **Outcomes to date**
- **Emerging issues**
- **Conclusions**
- **Next steps**

CTC is a selective feeding strategy
primarily addressing acute
malnutrition in emergencies

Links relief to development by
providing a platform for longer-term
intervention

IMPACT

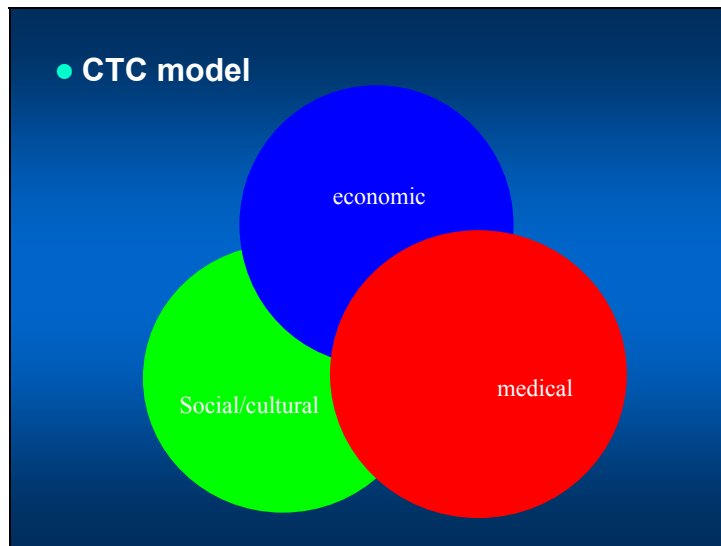
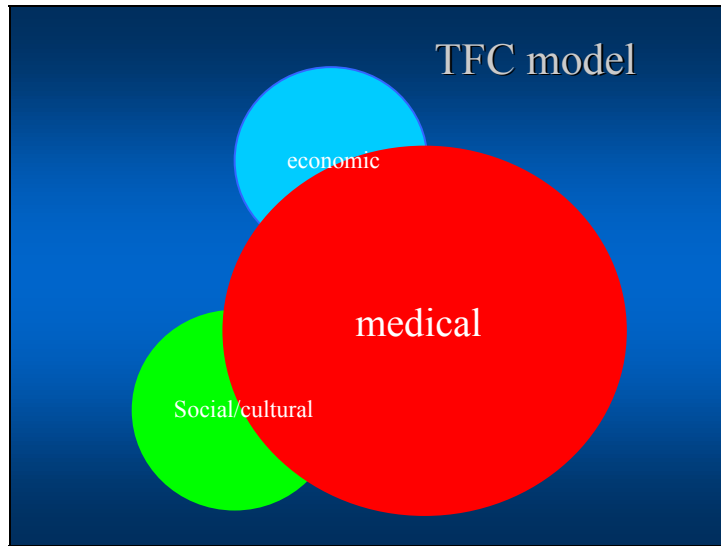


Features of severe acute malnutrition

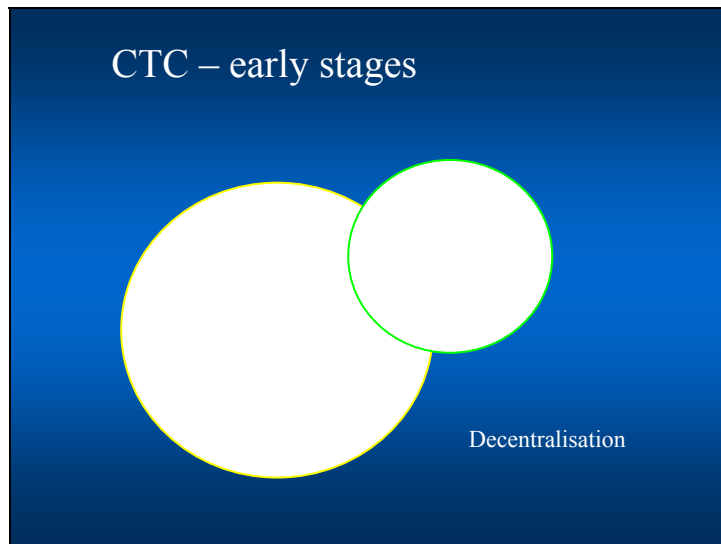
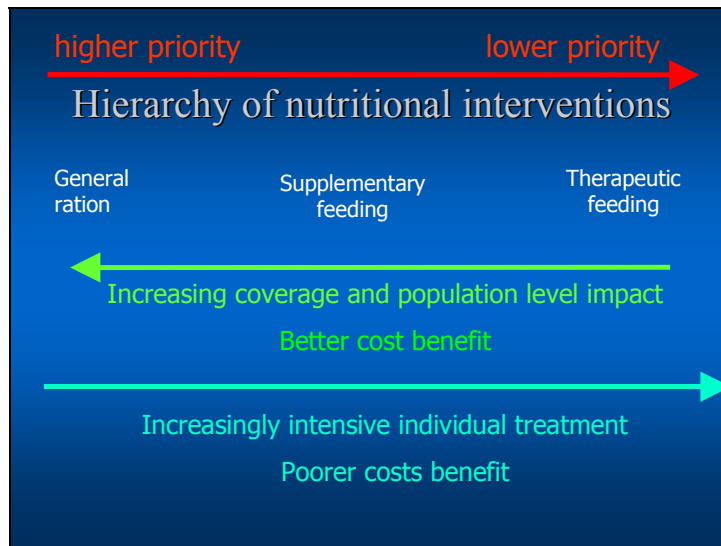
1. **Economic deprivation**
 - Poverty
 - High work loads (esp. Women)
2. **Social exclusion**
 - Clustered in poorest families
 - Malnourished siblings
3. **Re-occurring**
 - Chronic vulnerability
4. **Individual pathological changes**
 - Reductive adaptation
 - Immunosuppression

TFC Care at Present

- **Emphasis on medical**
- **Social, economic & long-term factors ignored**

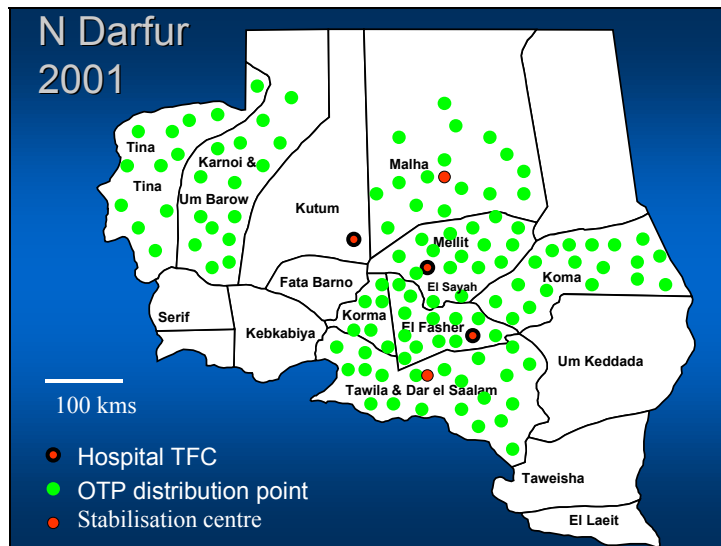
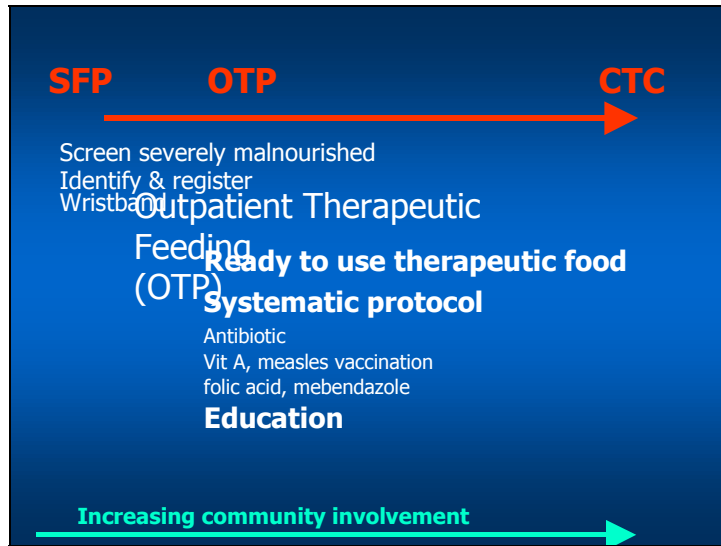


How does it work ?



Starting CTC

Stage 1- Outpatient Therapeutic Program (OTP)



Access to treatment

- Early presentation
- Fewer complications
- Easier to treat
- Better results

Is OTP effective ?

SPHERE standards for severe malnutrition

Project		Cure %	Death %	Default %	Other %
Sphere standards		75	10	15	

OTP results

Project	#	Cure %	Death %	Default %	Other %
Sphere		75	10	15	
Ethiopia 2000*	170	85	4.1	4.7	6.5

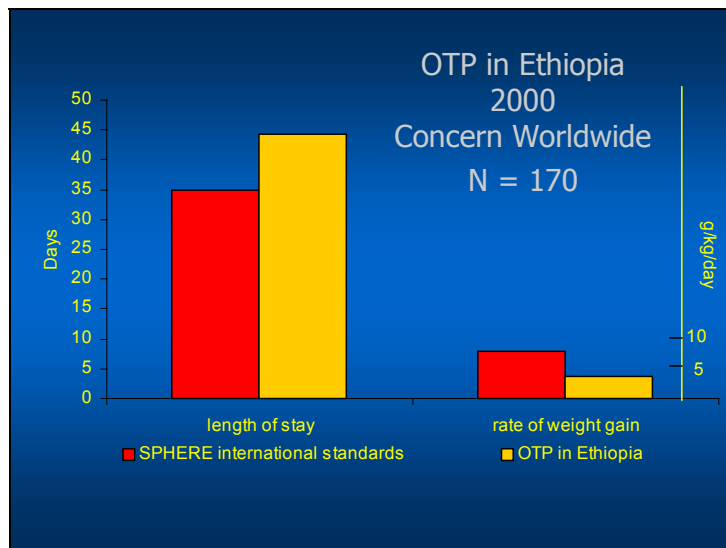
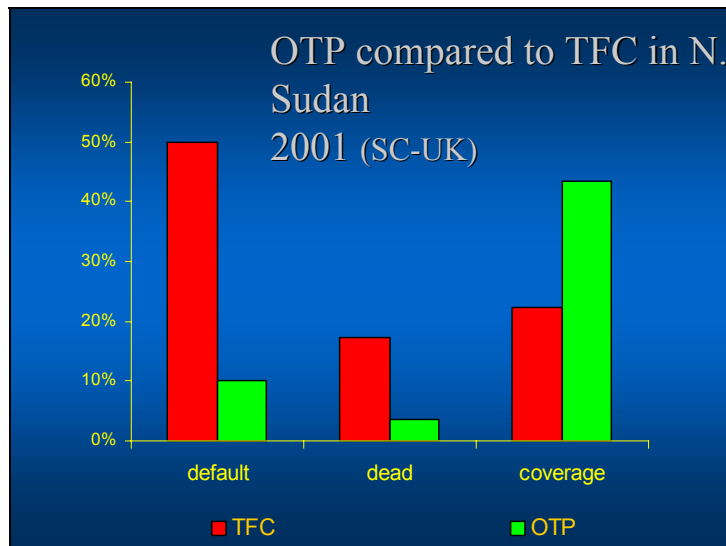
* Collins & Saalbach, *Phase one care*

64 kwashiorkor / marasmic kwashiorkor

2 deaths

Project	#	Cure %	Death %	Default %	Other %
Sphere		75	10	15	
Ethiopia 2000	170	85	4.1	4.7	6.5
Sudan 2001	806	81	2.9	10.1	5.6

17 admitted for inpatient care
 Prudhon index corrected mortality rate
 - 50% of that expected in well run TFC



Effectiveness of OTP

- Low mortality
- High acceptance
- High coverage

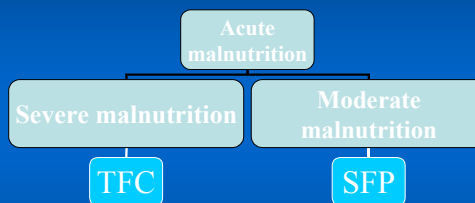
80 : 20

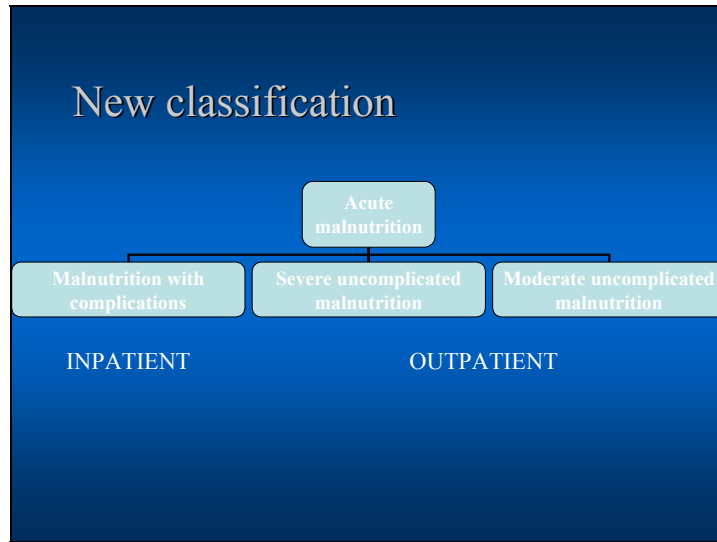
- Low rates of weight gain
- Long length of stay

Emerging Issue 1

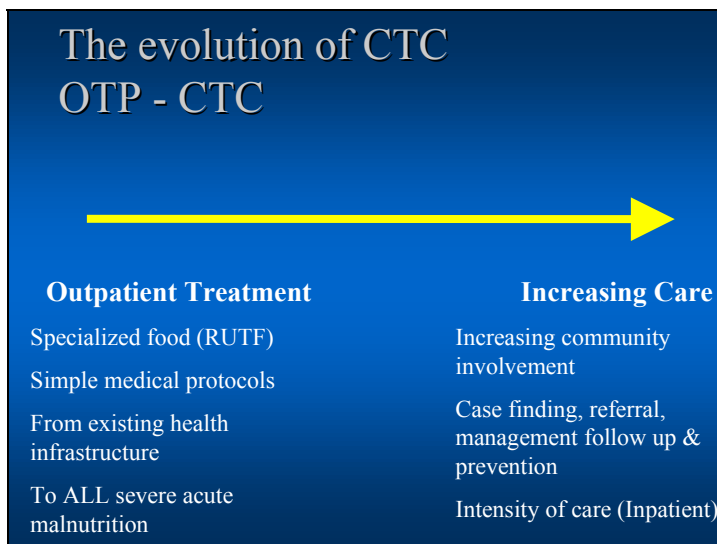
Need to reclassify acute malnutrition

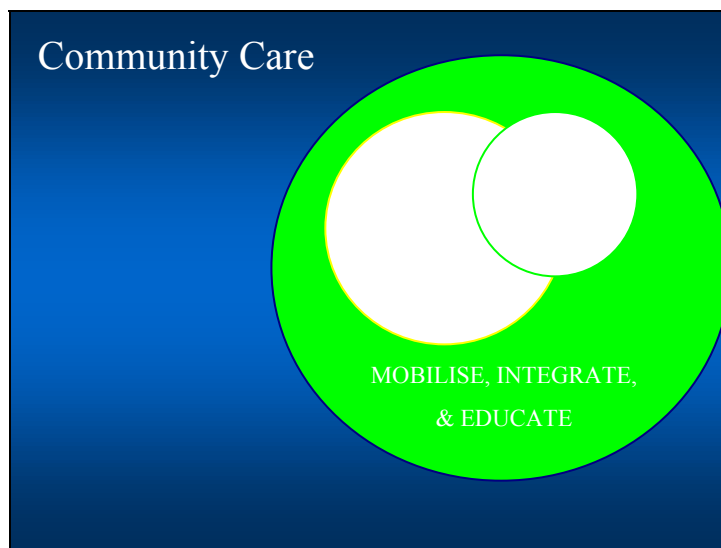
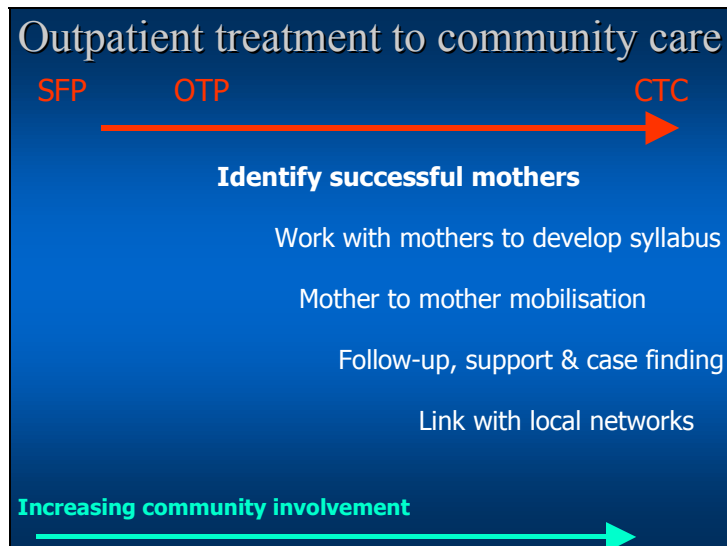
Traditional classification





- **Treating most cases of severe acute malnutrition is simple**
 - Care in community – not as inpatient
- **Caring for people in their communities**
 - Strengthens social fabric and capacity
 - Links with existing community interventions
 - Facilitates exit strategies
 - Frees up resources





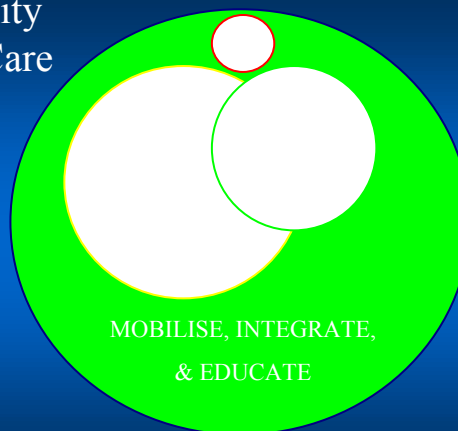
Addressing malnutrition with complications

Stabilisation care

Stabilisation centres

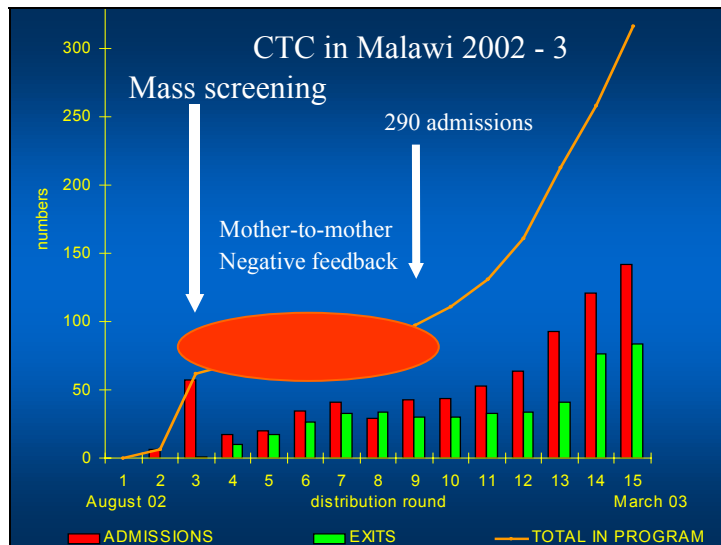
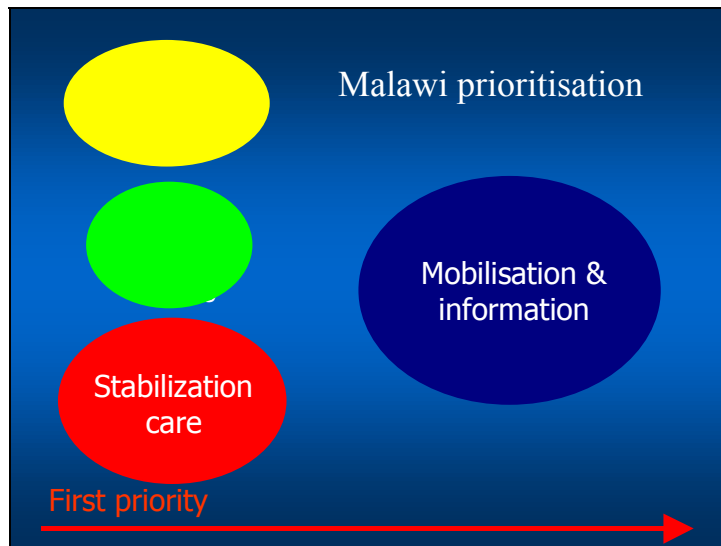
- Inpatient
- Phase one care
 - Maximum 7 days
- Small & intensive
- Provision for “failure to respond”
 - Home-based care

Full Community Therapeutic Care



Emerging issue 2

Prioritization



CTC Impact in first 16 weeks

- 290 patient admitted
- $\pm 7\%$ mortality – 20 deaths
- $\pm 75 - 80\%$ cure rate

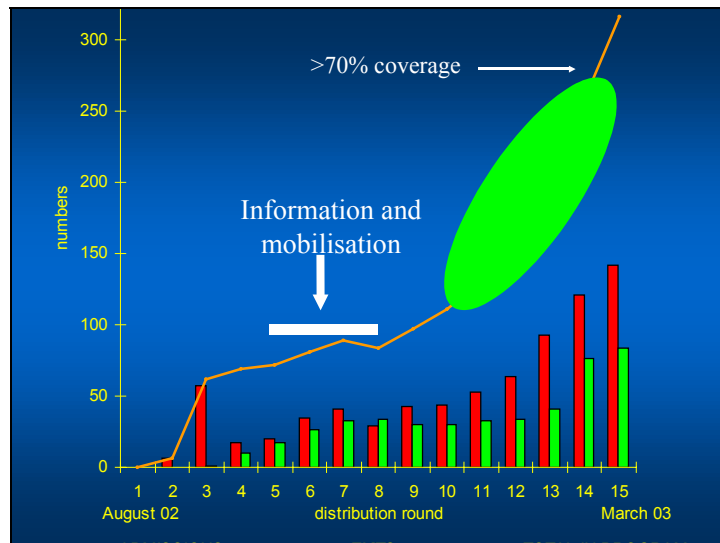
218 cured

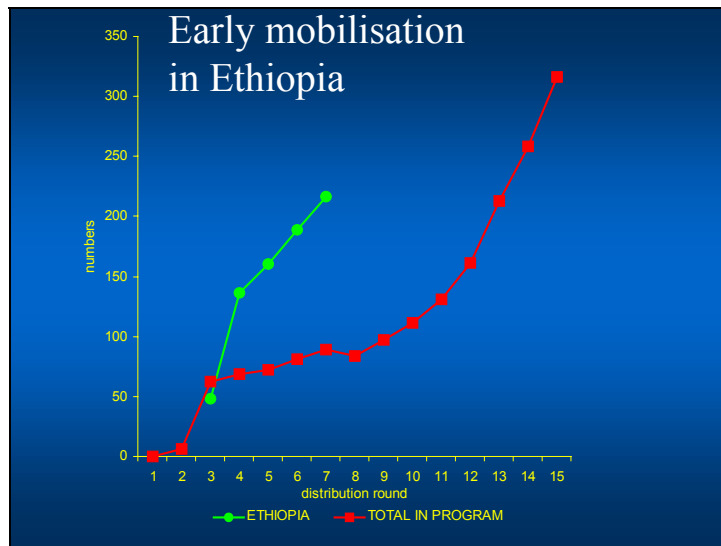
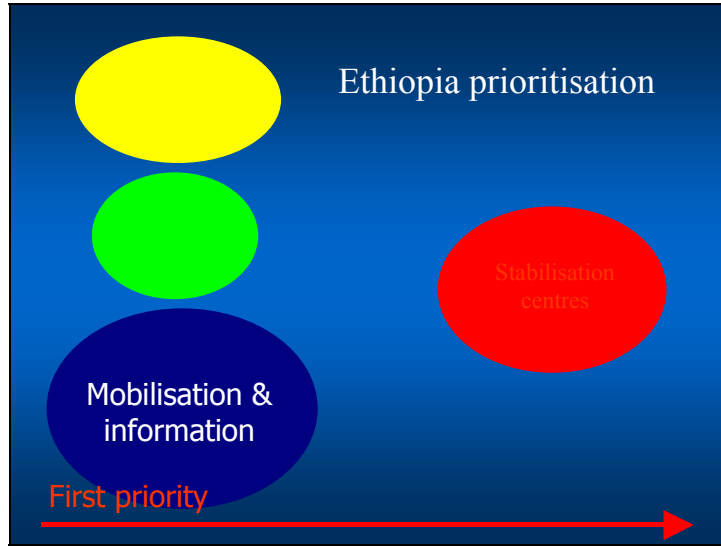
- Met all SPHERE standards

Impact of 16 weeks of poor coverage

- Target - 1000 severely malnourished :
 - Coverage @ 30%
- 700 untreated**
- Mortality / month untreated = 10%
 - Unaddressed mortality = $10\% * 4 * (700- 800)$

280 deaths outside project





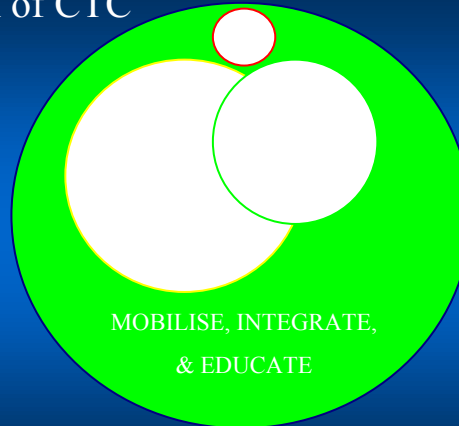
Mobilisation

High priority
At start of projects
Profound

Prioritization

- **Community mobilisation before intense clinical care**
- **Public health approach**

The evolution of CTC



Phase one care when capacity allows

Effectiveness CTC

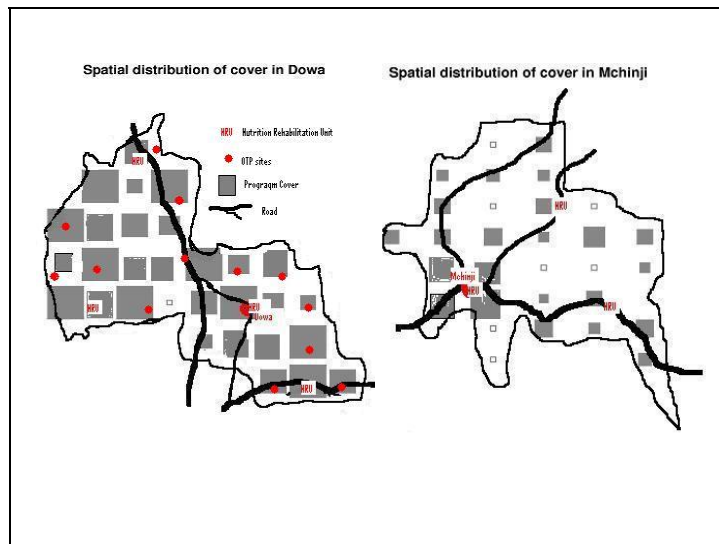
Coverage
Cure rates

Malawi 2002 – 2003

Coverage of CTC and TFPs in Malawi

March 2003

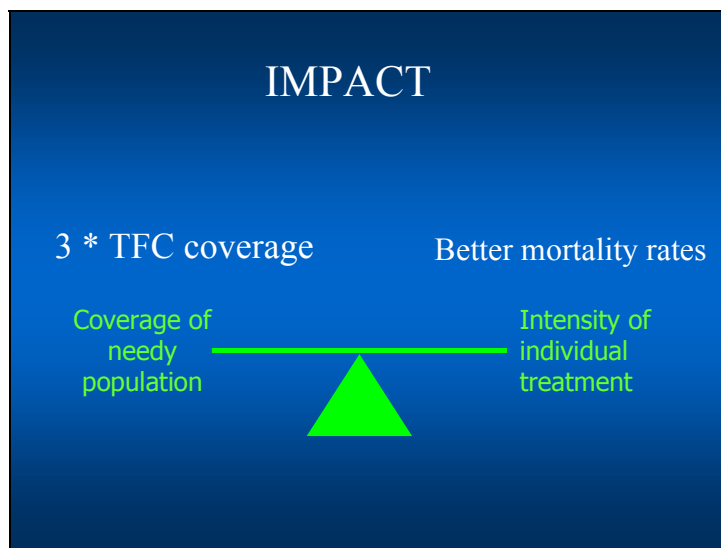
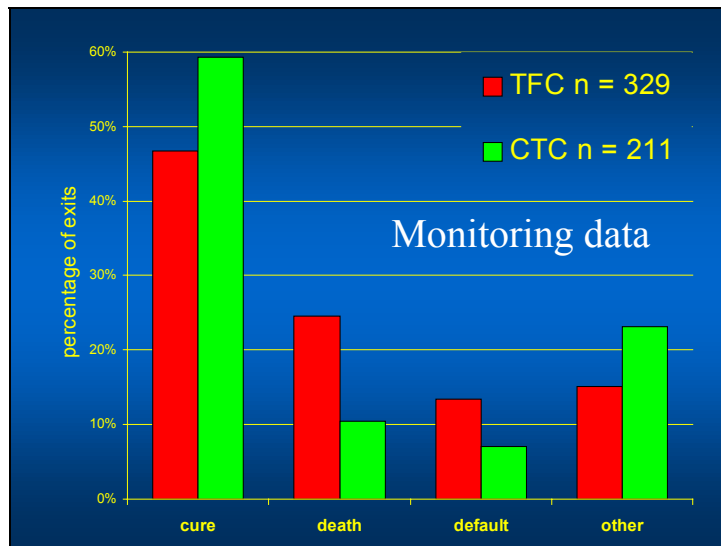
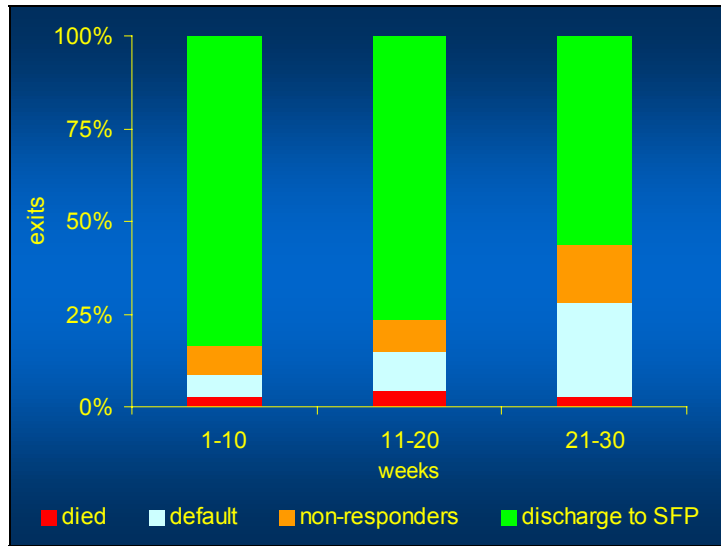
Programs	CTC in Dowa	TFP in Mchinji
n	111	148
children in feeding program	81	41
Coverage	73%	28%
Confidence interval (%)	63.6-80.8%	20.8-35.8%



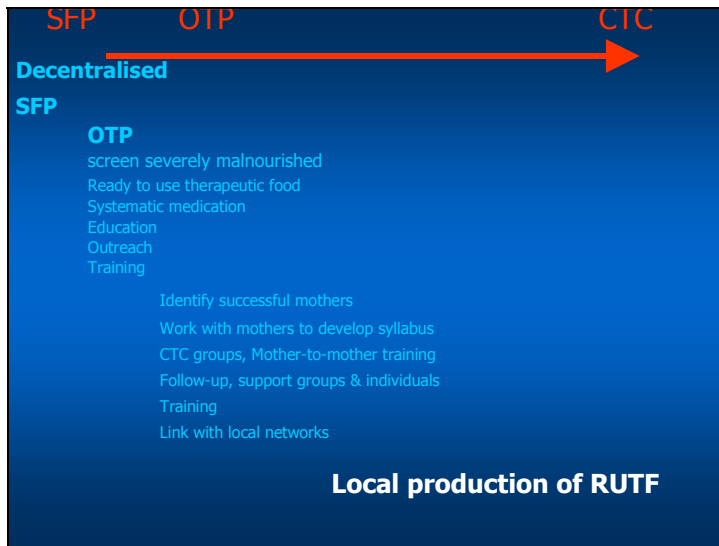
Malawi Aug 02 – June 03

exit	Stabilisation Centre	%	OTP	%
In project	101		316	
discharged	1056	90%	791	65%
death	73	6%	35	3%
default	19	2%	225	18%
referred to hospital / NRU	29	2%	152	12%
other	2	0%	23	2%
total	1179		1226	

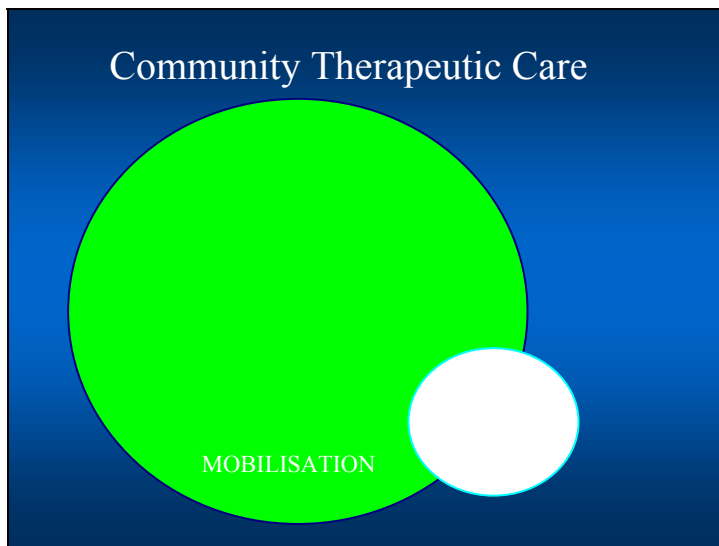
Monitoring data

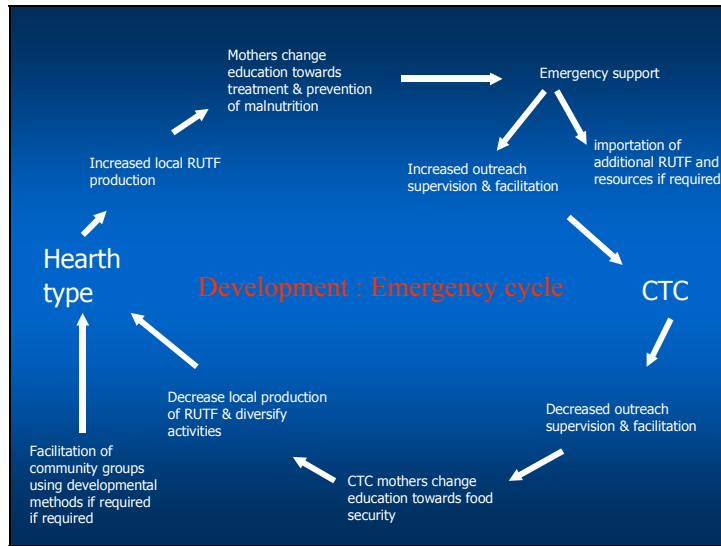


Local production of RUTF



Community Therapeutic Care

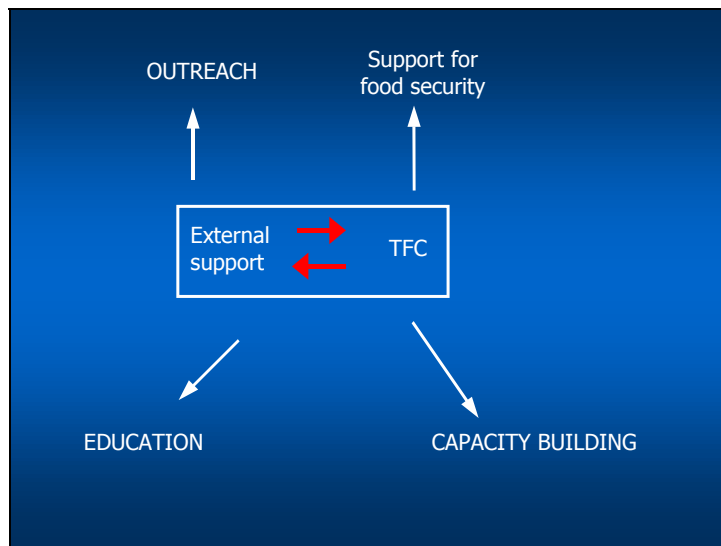




Conclusions

CTC is a feasible model for selective feeding in emergencies

Paradigm shift





Next steps

- **Scaling up**
- **Dissemination**
- **HIV**
- **Integration General Ration targeting**
- **Transition to development**
- **Sustainability**