REVISED POLICY ON CHILD GROWTH STANDARD

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I. BACKGROUND/RATIONALE

A child is a growing individual. Growth of children is an indicator of his/her health and nutrition status. It is sensitive to external factors such as nutrition and disease. Assessing the child's growth and nutritional status through growth monitoring and promotion (GMP) plays a vital role in identifying appropriate health and nutrition interventions. Hence, GMP is of great importance in child health and nutrition care.

In 2003, the Philippines adopted the National Center for Health Statistics (NCHS) International Reference Standards (IRS) for assessing the nutritional status of Filipino children. However, the NCHS-IRS does not adequately represent early childhood growth at individual or population level assessment. In 2006, the World Health Organization (WHO), in cooperation with the United Nations Children's Fund (UNICEF), launched the Child Growth Standard (CGS) for children 0-5 years old.

The Department of Health (DOH), based on Resolution No. 2s. "Adopting the New WHO Child Growth Standards" issued by the National Nutrition Council Governing Board, agreed to adopt the WHO-CGS as the standards to use in assessing the nutritional status of 0-5 years old children and in the conduct of growth monitoring and promotion activities in the country. The reasons cited for the adoption of the WHO-CGS are as follows:

1) Will give deeper meaning to the achievement of the Millennium Development Goals (MDGs), specifically the target on the prevalence reduction of underweights among children 0-5 years old since the growth of Filipino Children will be benchmarked on the best possibility for their growth.

2) Will allow comparison of the growth of Filipino Children against the single international standard that represents the best description of physiological growth for all children from birth to five years of age as opposed to describing growth against a reference.

3) Will show that even a child in any part of the world regardless of ethnicity, has the potential to grow and develop as long as the child's basic needs are met.

4) Will establish the breastfed infant as the normative model for growth and development, consistent with national and international guidelines that recognize breastfeeding as the best source of nutrition for infants.

5) Will detect malnutrition long before signs and symptoms of it become apparent and therefore, allows focus on preventive and promotive interventions rather than rehabilitative/curative measures and reaching more at-risk children.

6) Will include core development milestones that healthy children are expected to achieve during specified age ranges.

This Order is issued to adopt the WHO-CGS for the assessment of nutritional status of children 0-5 years old and in the conduct of growth monitoring and promotion (GMP) and Operation Timbang (OPT) activities, thereby repealing AO 25 s. 2003.

II. OBJECTIVE

To promote optimum child growth and development through the enhanced implementation of GMP activities using the WHO-CGS.

III. COVERAGE AND SCOPE

This order shall apply to all national, regional and local government units, public and private medical practitioners and health facilities and other agencies and stakeholders who are involved in assessing the nutritional status of children and in conducting GMP and OPT activities.

IV. GENERAL GUIDELINES

1. The growth and development of children 0-5 years (0-71 months) old shall be assessed by measuring their weights and heights regularly.

a. For children 0-less than 2 years (0-23 months) old, their weights and lengths shall be measured once a month.

b. For children 2-5 years (24-71 months) old their weights and heights shall be measured twice a year.

c. The weight and height of a child shall also be measured every time they come in contact with the health care system e.g., when the child is sick and brought in for consultation.

d. The weights of children 0-71 months taken during Operation Timbang (OPT) shall be done once a year (January-March) which would cover at least 16.2% of the total population. Underweight and overweight children identified during OPT shall be referred to the health facility for regular growth monitoring and for institution of appropriate interventions.

2. WHO-CGS shall be used as the standard in the assessment of child's nutritional status. Standard measurement indicators to measure child's growth are: weight for age of 0-71 months old; length for age for 0-23 months old or height for age for 24-71 months old; and weight for length for 0-23 months old or weight for height for 24-71 months old.

2.1 Weight-for-age indicator – reflects body weight relative to the child's age on a given day. This indicator provides a rough estimate of child's present nutritional status.

2.2 Length/height-for-age indicator – reflects attained growth in length or height at the child's age at a given visit. Length/height combined with age will give a good indication of stunting which reflects past and chronic malnutrition. Length and height are measured to children under two (2) years and children above 2 years, respectively.

2.3 Weight-for-length/height indicator – reflects body weight in proportion to attained growth in length/height. This indicator can distinguish current malnutrition (acute) from past malnutrition (chronic).

3. All newborns and children ages below 71 months old shall be given an ECCD card as the tool for growth monitoring and promotion. The ECCD card for boys and girls shall serve as the record of the essential services which a child shall receive from 0-71 months old. This card also contains a chart where the weights and heights of children shall be plotted to observe trends in growth and to detect growth faltering so that immediate measures/interventions shall be instituted. All newborns whose mothers have been issued a Mother and Child Book (MCB) shall use the ECCD card attached in the MCB.

4. Filling-up of ECCD Card and MCB shall be administered by a health professional e.g. doctors, nurses,

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midwives, nutritionist. Trained barangay health workers (BHWs) and barangay nutrition scholars (BNS) may also administer but under the supervision of the health professional.

5. The WHO-CGS Growth tables and charts, ECCD cards and equipments e.g. weighing scales/infantometer/microtoise/height/length board, etc. shall be used and made available in all Rural Health Units, public and private health and hospital facilities or in places where weight and height measurements will be taken. The reproduction of ECCD cards will be the responsibility of the LGU with augmentation from national agencies and other stakeholders, partners and donors.

6. Assessing child's nutritional status/monitoring child's growth and development shall be integrated into the existing MNCHN service delivery channels and through other approaches that could reach children 0-71 months old children or in any contact point of visit of the child e.g. Garantisadong Pambata, Operation Timbang, IMCI, EPI, etc.

7. Promotion to encourage mothers to bring their children for growth monitoring and availment of health and nutrition services shall be intensified.

8. Children needing immediate assistance shall be referred to the appropriate institution/health system.

V. ROLES AND RESPONSIBILITIES

A. Department of Health

1. National Center for Disease Prevention and Control

The DOH-NCDPC is primarily responsible in the overall execution and adoption of the revised policy and guidelines on Child Growth Standard and GMP. It will undertake the following tasks:

- Lead in the dissemination of the AO and advocate for its adoption and implementation among concerned stakeholders

- Provide technical inputs in the operationalization of the WHO- CGS and GMP

- Mobilize funds for the trainings of trainers and roll out trainings of WHO-CGS and GMP at the CHD/provincial levels and advocate for additional resources CGS

- Monitor and evaluate the field implementation of the WHO- and GMP

- Establish coordination and networking with FNRI, NNC and other stakeholders in planning, implementation, monitoring and evaluation of WHO-CGS adoption.

2. National Center for Health Promotion

- Develop prototype materials on WHO-CGS and GMP in coordination with DOH-NCDPC

- Provide technical assistance to CHDs to help LGUs adopt and implement the WHO-CGS and GMP

- Promote the adoption of WHO-CGS and GMP among concerned agencies and practitioners

3. National Nutrition Council level

- Coordinate and facilitate the adoption of WHO-CGS at local

- Mobilize resources for the localization of the WHO-CGS

- Evaluate progress of the CGS

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4. Center for Health Development (CHD)

- Disseminate the revised AO on WHO-CGS and advocate for its adoption and implementation by LGU health systems within their respective regions

- Provide technical assistance to LGUs, NGOs, academes and other stakeholders relative to WHO-CGS adoption and GMP implementation and

- Generate additional resources to implement the WHO-CGS GMP

- Conduct of orientation and training on WHO-CGS and GMP

- Monitor the implementation of WHO-CGS and GMP in the region

5. Hospitals

- Ensure all growth tables and charts in the hospital are WHO- CGS based

- Provide budgetary allocation for the procurement of ECCD cards and equipments for taking of weight and height measurements

- Conduct orientation and/or training of hospital staff in using the WHO-CGS and GMP

- Monitor the implementation of WHO-CGS adoption and GMP implementation in the hospital

6. Local Government Units (LGUs)

- Ensure funding for the implementation of the WHO-CGS and GMP

- Ensure availability of weighing scales, microtoise, infantometers, height boards, ECCD cards, WHO-CGS tables and charts and other necessary supplies to be used for the assessment and recording of nutritional status

- Ensure all growth charts and tables used in the LGU health facilities/day care centers are WHO-CGS based

- Conduct orientation and training of field health workers including barangay health workers and barangay nutrition scholars in using WHO-CGS and GMP

- Monitor and evaluate the WHO-CGS and GMP implementation in their localities

- Establish coordination and networking among concerned agencies in WHO-CGS and GMP implementation

7. Private Sector/Professional Groups

- Disseminate and promote the use of WHO-CGS among private health practitioners

- Generate resources for the implementation of WHO-CGS by private sector

VI. REPEALING CLAUSE

Administrative Order No. 25, s. 2003 and all other orders and related issuances found inconsistent with the provisions of this issuance is hereby rescinded.

VII. EFFECTIVITY

This Order shall take effect immediately.

(SGD.) ESPERANZA I. CABRAL, MD
Secretary of Health

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