

**[DOH ADMINISTRATIVE ORDER NO. 2010-0015,
June 08, 2010]**

REVISED POLICY ON CHILD GROWTH STANDARD

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.