Annex 1

Nutritional problems that should be referred from local MCH / preconception care clinics to the nutrition clinic

1.1 Infants and children aged 1-5 years

Nutritional problems that should be referred from field health care staff to local MCH / preconception care clinics are shown in the following table.**Only those clients whose nutritional problems are difficult to be managed and/or fail to improve at this level should be referred to the nutrition clinic.**

	Zone of growth according to the CHDR	**Problem**
1	Children whose growth is in the +2SD to -1 SD zone (green zone) of the weight for age chart of the CHDR	• The first instance a **drop** in weight is detected* • Weight for age curve shifting from the green zone to the light green zone/orange zone • A child whose weight for age curve was in the upper part of the green zone and faltered later and now in a lower level than earlier even though the growth curve is now running parallel to the standard growth curves • Longstanding growth faltering (during 3 consecutive weighings) (e.g. children who came from other areas)* • The reason for growth faltering being/suspected to be due to an underlying illness/health problem • PHM cannot identify the cause for growth faltering • PHM feels she is unable to manage the identified problem • No improvement in weight one month after implementing interventions • Weight for age rising steeply within a short period and crossing standard growth curves (for children who had been growing normally)**
2	Children whose growth is in the -1SD to -2 SD zone (light green zone) of the weight for age chart of the CHDR	• The first instance a **drop** in weight is detected* • Weight for age curve shifting from the light green zone to the orange zone • Growth faltering with inadequate weight gain or no weight gain, of a child whose weight for age curve is in the light green zone

		• A child whose weight for age curve was in the upper part of the light green zone and faltered later and now in a lower level than earlier even though the growth curve is now running parallel to the standard growth curves • Longstanding growth faltering (during 3 consecutive weighings) (e.g. children who came from other areas)* • The reason for growth faltering being/suspected to be due to an underlying illness/health problem • PHM cannot identify the cause for growth faltering • PHM feels she is unable to manage the identified problem • No improvement in weight one month after implementing interventions • Weight for age rising steeply within a short period and crossing standard growth curves (for children who had been growing normally)**
3	Children whose growth isbelow the -2 SD growth curve (orange/red zone) of the weight for age chart of the CHDR	• On identification, these children (e.g. low birth weight babies, underweight children who have come to the area from other areas) should be referred to the MOH for an assessment of growth. • Growth faltering in a child growing in the orange/red zone should be considered as an emergency and referred at once. • Weight for age rising steeply within a short period and crossing standard growth curves (for children who had been growing normally)**
4	Children whose growth isabove the +2 SD growth curve (purple zone) of the weight for age chart of the CHDR	• On identification all children growing in the purple zone should be referred immediately**
5	In the length/height for age chart	• Children whose length/height is in orange/red zones • If the length/height for age curve of a child is not growing parallel to the standard curves (inadequately rising/ not rising at all / steeply rising curve)
6	Children who fall below -2SD curve in the weight for length/height chart	• Moderate wasting/ moderate acute malnutrition (orange zone; between -2SD and -3SD) • Severe wasting/ severe acute malnutrition (red zone; below -3SD) – these children should be immediately referred by the medical officer at the local MCH clinic to the paediatrician for therapeutic feeding.

7	Children who fall above +1 SD curve in the weight for length/height chart	• Risk of overweight (between +1 SD and +2 SD) • Overweight (> +2 SD) • Obesity (> + 3 SD) - these children should be immediately referred by the medical officer at the local MCH clinic to the paediatrician.
8		• When micronutrient deficiencies are suspected (e.g. Vitamin A deficiency, anemia)

* For these children, the weight for length/height should be checked and acted as mentioned under No. 06 of this table.

** For these children, the weight for length/height should be checked and acted as mentioned under No. 07 of this table.Children showing catch up growth seen after an illness are not included in this category and do not need referral.

The instances when weight for length/height should be assessed –

1. the first instance when a drop in weight for age is identified
2. Inadequate weight gain or no weight gain in 3 consecutive weighings
3. Moderate and sever underweight (all children whose weight for age falls below -2 SD)
4. 'Overweight' –children whose weight for age is more than +2SD

1.2 School children

School children whose BMI is more than 30 or less than 17and those who are suspected of having severe anaemiashould be sent to any clinic which falls on the nearest day to be examined by a medical officer and referred for specialist care.

	Zone of growth	**Problem**
1	Children whose growth isbelow – 2 SD curve (orange /red zones) of the BMIfor age chart of the 5-19 year old children of the CHDR	Wasting –If no improvement is seen 3 months after interventions
2	Children whose growth isbetween + 1 SD and + 2 SD curves (light purple zone) of the BMIfor age chart of the 5-19 year old children of the CHDR	Overweight - If no improvement is seen 3 months after interventions
3	Children whose growth isabove + 2 SD curves (dark purple zone) of the BMIfor age chart of the 5-19 year old children of the CHDR	Obesity - If no improvement is seen 3 months after interventions
4		Clinically identified anaemia – immediately on identification should be referred to the clinic with a Full Blood Count Report.
5		When any other micronutrient deficiencies are suspected (e.g. Vitamin A deficiency, Thyroid enlargement).

1.3Children between non-school going children aged 5-19

Children whose BMI is more than 30 or less than 17and those who are suspected of having severe anaemiashould be sent to any clinic which falls on the nearest day to be examined by a medical officer and referred for specialist care.

	Zone of growth	Problem
1	Children whose growth isbelow – 2 SD curve (orange /red zones) of the BMIfor age chart of the 5-19 year old children of the CHDR	Wasting –Immediately on identification, these children should be referred to the MOH for an assessment of growth
2	Children whose growth isbetween + 1 SD and + 2 SD curves (light purple zone) of the BMIfor age chart of the 5-19 year old children of the CHDR	Overweight - Immediately on identification, these children should be referred to the MOH for an assessment of growth
3	Children whose growth isabove + 2 SD curves (dark purple zone) of the BMIfor age chart of the 5-19 year old children of the CHDR	Obesity - Immediately on identification, these children should be referred to the MOH for an assessment of growth
4		Clinically identified anaemia – immediately on identification should be referred to the clinic with a Full Blood Count Report.
5		When any other micronutrient deficiencies are suspected (e.g. Vitamin A or B deficiency, Thyroid enlargement).

1.4Pre pregnant women

	BMI	Problem
1	Women with pre pregnancy BMI of less than 18.5 or 30 or more	Women who do not show a satisfactory improvement after interventions carried out at the pre-conception care clinic.
2		Uncorrected anaemia
3		When any other micronutrient deficiencies are suspected (e.g. Vitamin deficiencies like A or B deficiency, Thyroid enlargement).

1.5Pregnant women and lactating mothers

	BMI/ weight gain	Problem
1	Pregnant women with pre pregnancy BMI of less than 18.5 or 30 or more	Women who do not show a satisfactory improvement after interventions carried out at the local MCH clinic and the field.
2	Pregnant women whose weight gain during pregnancy is not satisfactory	• Pregnant women who do not achieve the desired weight gain according to the BMI • Pregnant women whose weight gain curve is shifting from the zone recommended for her to another zone (a zone above or below) • Lactating mothers with BMI less than 18.5
3		Uncorrected anaemia
4		When any other micronutrient deficiencies are suspected (e.g. Vitamin deficiencies like A or B deficiency, Thyroid enlargement).