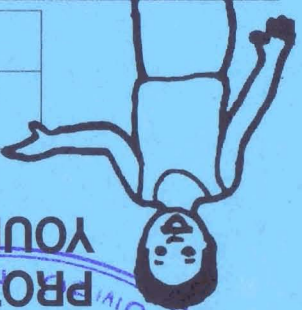


REPUBLIC OF SOUTH SUDAN
MINISTRY OF HEALTH



Sign when fully immunised

TUBERCULOSIS (BCG-VACCINE) at birth	DATE GIVEN	DATE CHECKED	BCG - SCAR
		PRESENT	
		ABSENT	

DIPHTHERIA/WHOOPING COUGH/TETANUS (DPT-HepB-Hib VACCINE)

DOSE	DATE GIVEN	1st dose after 6 weeks	2nd dose	3rd dose

DOSE	DATE GIVEN	OPV Birth dose (before 6 weeks)	OPV 1st dose after 6 weeks	2nd dose	3rd dose	IPV (14th Week)

MEASLES VACCINE DATE GIVEN

Given at 9 months

MEASLES VACCINE DATE GIVEN	MCV 2	Given at 9 months
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ENTER DATE
NEXT VISIT

HAVE YOUR CHILD WEIGHED EVERY MONTH

CHILD HEALTH CARD



SHOW THIS CARD ON EVERY VISIT

HEALTH FACILITY NAME _____
CHILD'S NAME _____ SEX _____
CHILD CLINIC NO. _____
DATE FIRST SEEN _____
DATE OF BIRTH _____ BIRTH ORDER _____
FATHER'S NAME _____
MOTHER'S NAME _____

STATE _____
COUNTY _____
PAYAM/BOMA _____

(BROTHERS & SISTERS) NAME YEAR OF BIRTH SEX ALIVE/DIED

8				
7				
6				
5				
4				
3				
2				
1				

SIBLINGS 2

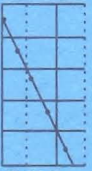
NOTES Date _____ Symptoms _____ Treatment _____
NOTES Date _____ Symptoms _____ Treatment _____

BRING THE CHILD TO CLINIC EVERY MONTH EVERY CHILD MUST HAVE A BIRTH CERTIFICATE

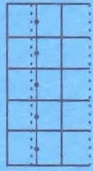
Area for handwritten notes on the right side of the card, with horizontal lines for writing.

Handwritten signature or mark.

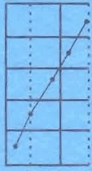
Watch the direction of the line showing the child's health



GOOD
Meaning the child is growing well



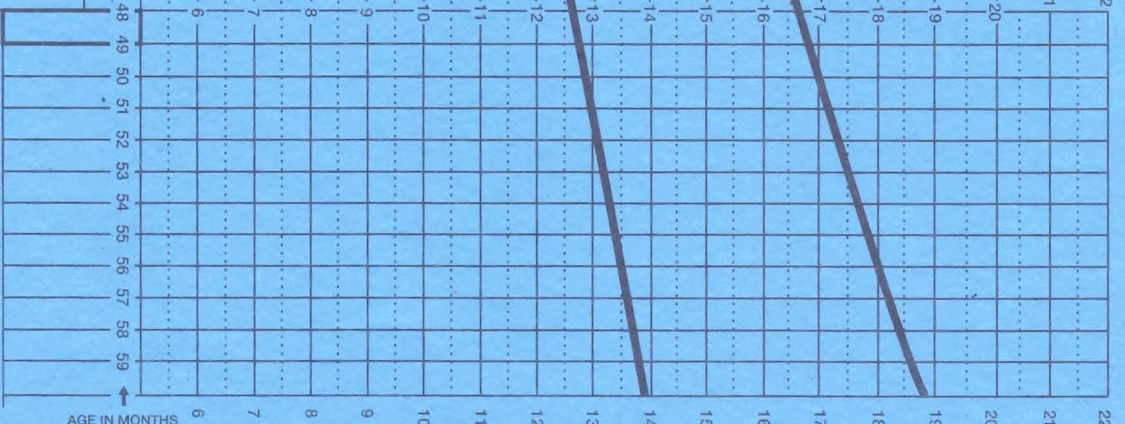
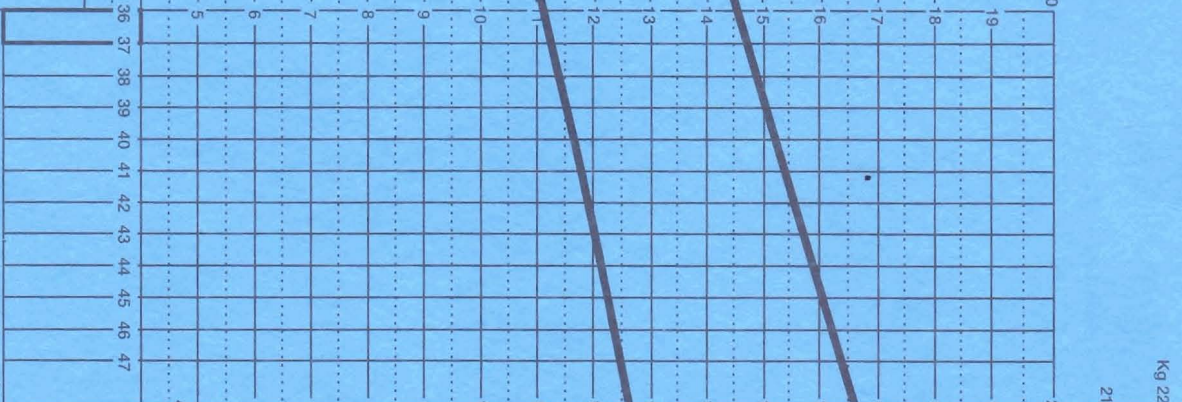
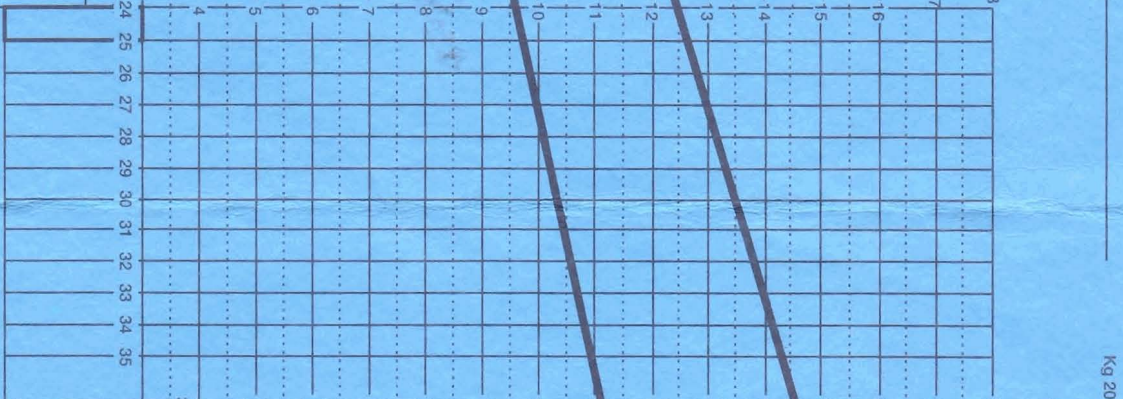
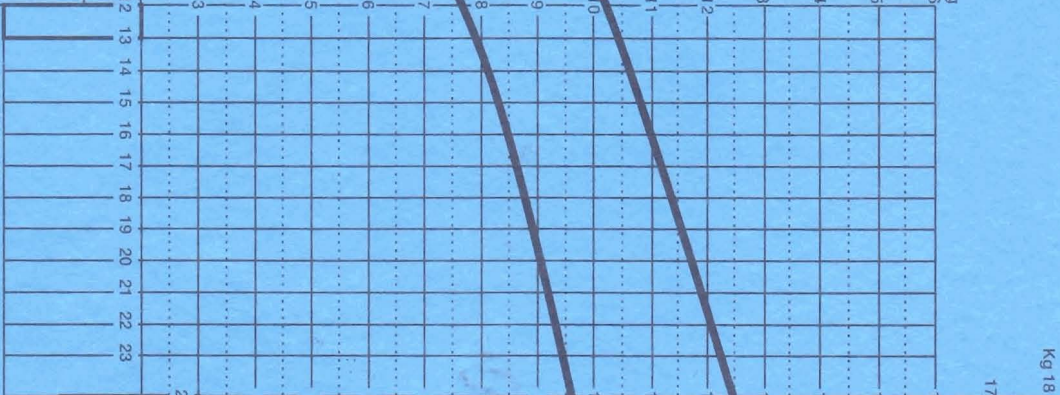
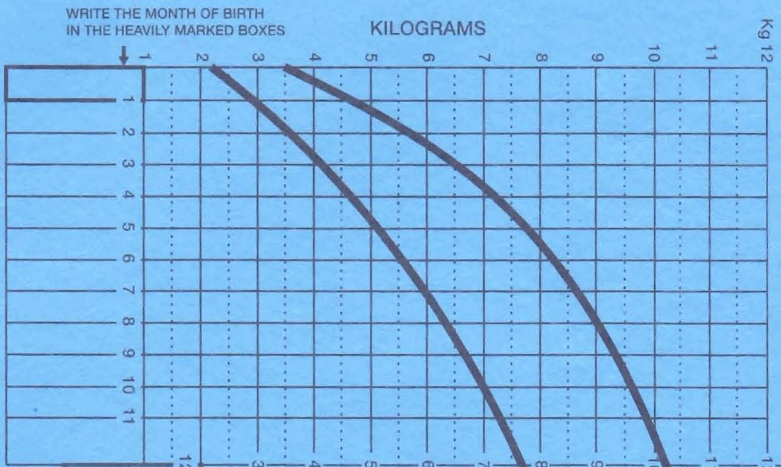
DANGER
Find out why? and what advise.



VERY DANGEROUS
May be ill, needs extra care.

NAME OF CHILD: _____

BIRTH WEIGHT: _____



Upper Line: WHO 50th centile boys
Lower Line: WHO 3rd centile girls

REASONS FOR SPECIAL CARE

Birthweight less than 2.5 kg

Brothers or sisters

Birth less than 2 years after last birth

Twins

Fifth child or more

One or more children in family died

Single parent

Undernourished

RECORD ON THE CHART

Diarrhoea

Measles

Solids introduced

Breastfeeding stopped

Birth of next child

Like this:

(7)