

CHILD’S PARTICULARS

Name of Health Facility		
Child’s No.		
Child’s Name	Boy/Girl	
Mother’s or Guardian’s Name	NRC no.	
Father’s or Guardian’s Name	NRC no.	
Date first seen	Date of Birth	Birth weight
Place of Birth:		
Where the family lives: address		

Tick if the child has/is:

Birth weight less than 2.5kg	
Birth defect/handicap	
Born within 2 years of last delivery	
Fully protected against Tetanus at birth	
Mother dead	
Father dead	
Number of brothers and sisters	Alive Dead
Twin child	Alive Dead
Any other reason for special attention:	

DEWORMING

For children aged 12 months and above, 500 mg Mebendazole every six months

Date	Medication	Date	Medication

CHILDREN’S CLINIC CARD

IMMUNISATION RECORD

IMMUNISATION against Tuberculosis (TB)	
BCG (at birth)	Date
If no scar after 12 weeks, repeat dose. Unless symptomatic HIV	Date
IMMUNISATION against Polio (OPV), Diphtheria, Whooping Cough, Tetanus, Hib, Hepatitis B, Meningitis, Pneumonia (DPT-HepB-Hib), Measles, Diarrhoea (Rota), & Streptococcal Pneumonia (PCV)	
OPV 0 (at birth to 13 days)	Date
OPV 1 (at 6 weeks)	DPT-HepB-Hib 1 (at 6 weeks)
Date	Date
OPV 2 (at least 4 weeks after OPV 1)	DPT-HepB-Hib 2 (at least 4 weeks after DPT-HepB-Hib1)
Date	Date
OPV 3 (at least 4 weeks after OPV 2)	DPT-HepB-Hib 3 (at least 4 weeks after DPT-HepB-Hib 2)
Date	Date
OPV 4 (at 9 months, only if OPV 0 was not given)	Measles (at 9 months, or soon after. Unless symptomatic HIV)
Date	Date
PCV 1 (at 6 weeks)	Measles (at 18 months) Unless symptomatic HIV)
Date	Date
PCV 2 (at least 4 weeks after PCV 1)	ROTA VACCINE 1 (at 6 weeks)
Date	Date
PCV 3 (at least 4 weeks after PCV 2)	ROTA VACCINE 2 (at 4 weeks after ROTA 1)
Date	Date

OTHER IMMUNISATIONS

_____	Date	_____
_____	Date	_____

VITAMIN A SUPPLEMENTATION

Dosage: 0-5 months, 50,000 IU only if not breastfed;
6-11 months,100,000 IU;
12-59 months, 200,000 IU every six months

Date	Dosage	Date	Dosage

VITAMIN A SUPPLEMENTATION FOR MOTHER

Date Vit. A given to the mother _____

Vitamin A (1 dose of 200,000 IU) to be given soon after birth or within two months of delivery.

PMTCT

CE MSU CNE

Test by:

DATE		R	NR	I
	PCR	6/52		
	Rapid Test	12/12		
	Rapid Test	18/12		

MGA IGA

Follow up time	6 Weeks	2 Months	3M	4M	5M	6M	7M
Cotrimoxazole							
Follow up time	8M	9M	10M	12M	15M	18M	24M
Cotrimoxazole							

Date baby referred for ART...../...../.....
Date initiated on ART...../...../.....
Age at initiation of ART.....

MONITORING OF INFANT AND YOUNG CHILD FEEDING

Follow up time	Birth	6 Days	1M	6W	2M	3M	4M	5M	6M
Infant feeding code									
Follow up time	7M	8M	9M	10M	11M	12M	15M	18M	24M
Infant feeding code									

Feeding Code:

- Exclusive breast feeding (in the first 6 months, breast-feeding only, no water, no other fluids except medicines indicated by medical personnel)
- Exclusive Alternative Infant Formula
- Animal Milk
- Mixed feeding (breast milk and other foods)
- Continued breast feeding after six months in addition to other foods
- Milk based feed after six months in addition to other foods
- Other, specify

.....

.....

NOT FOR SALE

IMPORTANT:

All infants and young children should be breastfed exclusively for the first six months of life and continue to breastfeed up to two years and beyond with adequate complementary feeding from six months of age unless medically indicated.

Babies born to HIV positive mothers have special feeding needs. Discuss with a health worker.

IF THE CHILD HAS DIARRHOEA

If the child is still on breast milk, continue breast feeding.

After each loose stool, do the following:

- Give ORS
- Give extra fluids
- Continue to feed the child.

Note: (dilute 1 sachet of ORS in 1 litre of boiled cooled water)

Go immediately to the nearest Health Centre.

PNEUMONIA

If a child has a cough with:

- Fast Breathing
- Difficulties in breathing
- Difficulties in breast-feeding

The child may have Pneumonia, Go immediately to the nearest Health Centre.

DISCUSS

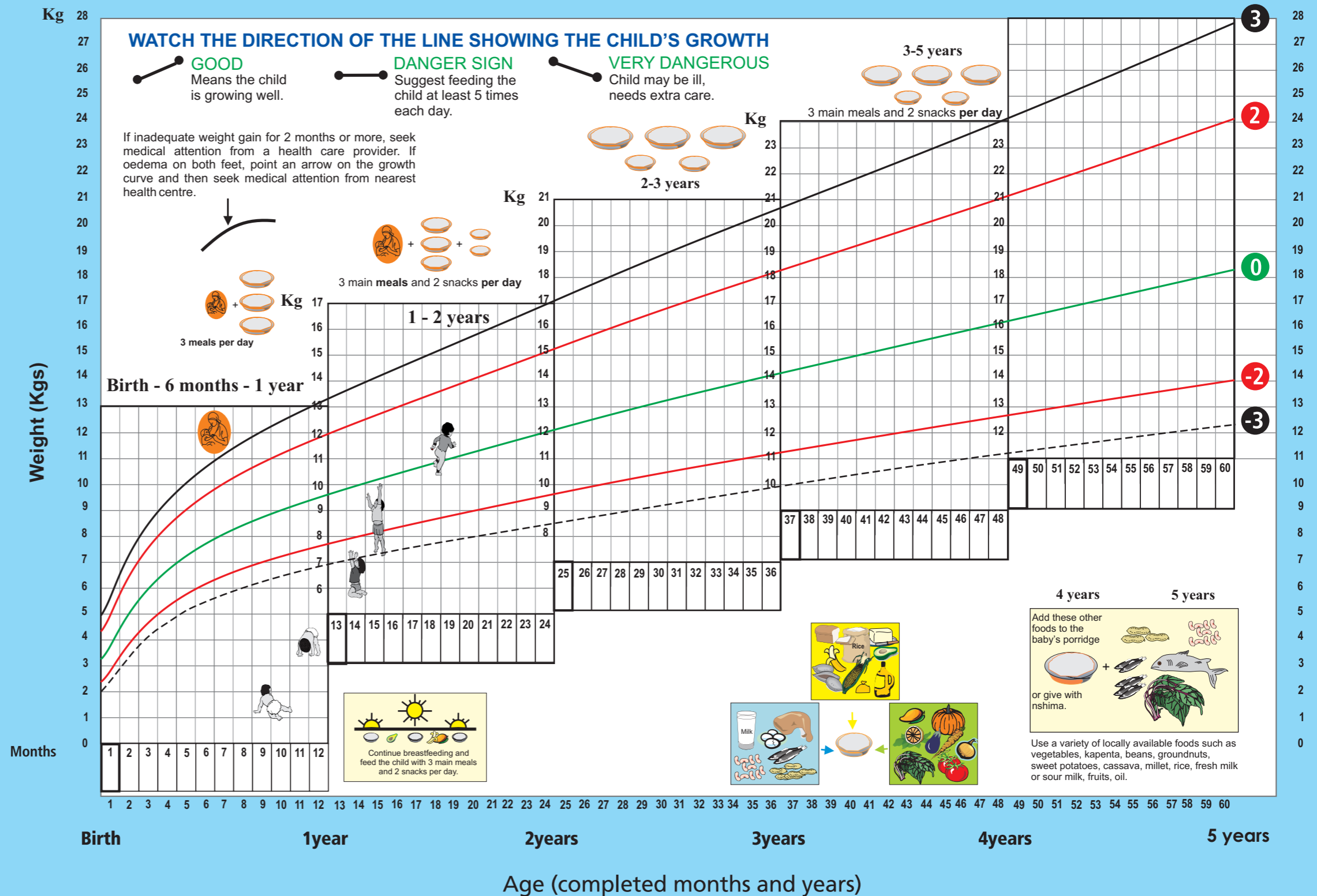
- Breastfeeding
- Complementary feeding
- Immunisation
- Vitamin A supplementation
- Family planning
- Feeding during and after illness
- Safe food and drinking water
- Treatment of diarrhoea
- HIV/AIDS
- Malaria



Ministry of Health

Birth to 5 years (z-scores)

Record of visits and nutrition counselling follow up

[illegible]

CHILD’S PARTICULARS

Name of Health Facility		
Child’s No.		
Child’s Name	Boy/Girl	
Mother’s or Guardian’s Name	NRC no.	
Father’s or Guardian’s Name	NRC no.	
Date first seen	Date of Birth	Birth weight
Place of Birth:		
Where the family lives: address		

Tick if the child has/is:

Birth weight less than 2.5kg	
Birth defect/handicap	
Born within 2 years of last delivery	
Fully protected against Tetanus at birth	
Mother dead	
Father dead	
Number of brothers and sisters	Alive Dead
Twin child	Alive Dead
Any other reason for special attention:	

DEWORMING

For children aged 12 months and above, 500 mg Mebendazole every six months

Date	Medication	Date	Medication

CHILDREN’S CLINIC CARD

IMMUNISATION RECORD

IMMUNISATION against Tuberculosis (TB) BCG (at birth) <i>Date</i> If no scar after 12 weeks, repeat dose. Unless symptomatic HIV <i>Date</i>	
IMMUNISATION against Polio (OPV), Diphtheria, Whooping Cough, Tetanus, Hib, Hepatitis B, Meningitis, Pneumonia (DPT-HepB-Hib), Measles, Diarrhoea (Rota), & Streptococcal Pneumonia (PCV)	
OPV 0 <i>(at birth to 13 days)</i> <i>Date</i>	
OPV 1 <i>(at 6 weeks)</i> <i>Date</i>	DPT-HepB-Hib 1 <i>(at 6 weeks)</i> <i>Date</i>
OPV 2 <i>(at least 4 weeks after OPV 1)</i> <i>Date</i>	DPT-HepB-Hib 2 <i>(at least 4 weeks after DPT-HepB-Hib1)</i> <i>Date</i>
OPV 3 <i>(at least 4 weeks after OPV 2)</i> <i>Date</i>	DPT-HepB-Hib 3 <i>(at least 4 weeks after DPT-HepB-Hib 2)</i> <i>Date</i>
OPV 4 <i>(at 9 months, only if OPV 0 was not given)</i> <i>Date</i>	Measles <i>(at 9 months, or soon after. Unless symptomatic HIV)</i> <i>Date</i>
PCV 1 <i>(at 6 weeks)</i> <i>Date</i>	Measles <i>(at 18 months) Unless symptomatic HIV)</i> <i>Date</i>
PCV 2 <i>(at least 4 weeks after PCV 1)</i> <i>Date</i>	ROTA VACCINE 1 <i>(at 6 weeks)</i> <i>Date</i>
PCV 3 <i>(at least 4 weeks after PCV 2)</i> <i>Date</i>	ROTA VACCINE 2 <i>(at 4 weeks after ROTA 1)</i> <i>Date</i>

OTHER IMMUNISATIONS

_____	Date	_____
_____	Date	_____

VITAMIN A SUPPLEMENTATION			
Dosage: 0-5 months, 50,000 IU only if not breastfed; 6-11 months,100,000 IU; 12-59 months, 200,000 IU every six months			
Date	Dosage	Date	Dosage

VITAMIN A SUPPLEMENTATION FOR MOTHER

Date Vit. A given to the mother _____
Vitamin A (1 dose of 200,000 IU) to be given soon after birth or within two months of delivery.

PMTCT

CE	MSU							CNE	
Test by:									
DATE			R		NR		I		
	PCR	6/52							
	Rapid Test	12/12							
	Rapid Test	18/12							
MGA								IGA	
Follow up time	6 Weeks	2 Months	3M	4M	5M	6M	7M		
Cotrimoxazole									
Follow up time	8M	9M	10M	12M	15M	18M	24M		
Cotrimoxazole									

Date baby referred for ART...../...../.....
Date initiated on ART...../...../.....
Age at initiation of ART.....

MONITORING OF INFANT AND YOUNG CHILD FEEDING

Follow up time	Birth	6 Days	1M	6W	2M	3M	4M	5M	6M
Infant feeding code									
Follow up time	7M	8M	9M	10M	11M	12M	15M	18M	24M
Infant feeding code									

Feeding Code:

- Exclusive breast feeding (in the first 6 months, breast-feeding only, no water, no other fluids except medicines indicated by medical personnel)
- Exclusive Alternative Infant Formula
- Animal Milk
- Mixed feeding (breast milk and other foods)
- Continued breast feeding after six months in addition to other foods
- Milk based feed after six months in addition to other foods
- Other, specify

NOT FOR SALE

IMPORTANT:

- All infants and young children should be breastfed exclusively for the first six months of life and continue to breastfeed up to two years and beyond with adequate complementary feeding from six months of age unless medically indicated.
- Babies born to HIV positive mothers have special feeding needs. Discuss with a health worker.

IF THE CHILD HAS DIARRHOEA

- If the child is still on breast milk, continue breast feeding.

After each loose stool, do the following:

- Give ORS
- Give extra fluids
- Continue to feed the child.

Note: (dilute 1 sachet of ORS in 1 litre of boiled cooled water)

Go immediately to the nearest Health Centre.

PNEUMONIA

If a child has a cough with:

- Fast Breathing
- Difficulties in breathing
- Difficulties in breast-feeding

The child may have Pneumonia, Go immediately to the nearest Health Centre.

DISCUSS

- Breastfeeding
- Complementary feeding
- Immunisation
- Vitamin A supplementation
- Family planning
- Feeding during and after illness
- Safe food and drinking water
- Treatment of diarrhoea
- HIV/AIDS
- Malaria



Ministry of Health

Birth to 5 years (z-scores)

Record of visits and nutrition counselling follow up

[illegible]