

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 age 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 | |
| OPV 0 (at birth to 13 days) Date | |
| OPV 1 (at 6 weeks) Date | DPT-HepB-Hib 1 (at 6 weeks) Date |
| OPV 2 (at least 4 weeks after OPV 1) Date | DPT-HepB-Hib 2 (at least 4 weeks after DPT-HepB-Hib 1) Date |
| OPV 3 (at least 4 weeks after OPV 2) Date | DPT-HepB-Hib 3 (at least 4 weeks after DPT-HepB-Hib 2) Date |
| OPV 4 (at 9 months, only OPV 0 was not given) Date | Measles (at 9 months, or soon after. Unless symptomatic HIV) Date |
| PCV 1 (at 6 weeks) Date | Measles (Second Dose Unless symptomatic HIV) Date |
| PCV 2 (at least 4 weeks after PCV 1) Date | ROTA VACCINE 1 (at 6 weeks) Date |
| PCV 3 (at least 4 weeks after PCV 2) Date | ROTA VACCINE 2 (at 4 weeks after ROTA 1) 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 | <input type="checkbox"/> | IGA | <input type="checkbox"/> | | | | |
| 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 |
| Aget at initiation 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:

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

IMPORTANT:

All infants and young children should be breastfed exclusively for the first six months of life and continue to breast feed 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

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 age 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 | |
| OPV 0 (at birth to 13 days) Date | |
| OPV 1 (at 6 weeks) Date | DPT-HepB-Hib 1 (at 6 weeks) Date |
| OPV 2 (at least 4 weeks after OPV 1) Date | DPT-HepB-Hib 2 (at least 4 weeks after DPT-HepB-Hib 1) Date |
| OPV 3 (at least 4 weeks after OPV 2) Date | DPT-HepB-Hib 3 (at least 4 weeks after DPT-HepB-Hib 2) Date |
| OPV 4 (at 9 months, only OPV 0 was not given) Date | Measles (at 9 months, or soon after. Unless symptomatic HIV) Date |
| PCV 1 (at 6 weeks) Date | Measles (Second Dose Unless symptomatic HIV) Date |
| PCV 2 (at least 4 weeks after PCV 1) Date | ROTA VACCINE 1 (at 6 weeks) Date |
| PCV 3 (at least 4 weeks after PCV 2) Date | ROTA VACCINE 2 (at 4 weeks after ROTA 1) 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 <input type="checkbox"/> | | IGA <input type="checkbox"/> |
| 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 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:

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

IMPORTANT:

- ☑ All infants and young children should be breastfed exclusively for the first six months of life and continue to breast feed 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



