

**EDUCATION, COUNSELLING AND REFERRAL INFORMATION**

Record special information given on Growth, Nutrition, Immunisation and Illness

DATE OF VISIT	INFORMATION	DATE OF NEXT VISIT

**IMMUNISATION**

Immunisation protects your child against serious diseases. Follow and complete the immunisation schedule below:

	VACCINE	PROTECTS AGAINST	HOW GIVEN	DATE GIVEN
AT BIRTH	BCG	Tuberculosis	Right Upper Arm	
	Polio 0	Polio	Mouth Drops	
At 6 Weeks	Polio 1	Polio	Mouth Drops	
	DPT-HebB+Hib1	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Haemophilus Influenzae type B	Left Upper Thigh	
	Polio 2	Polio	Mouth Drops	
At 10 Weeks	DPT-HebB+Hib 2	Diphtheria/Tetanus/Whooping Cough/ Hepatitis B/Haemophilus Influenzae type B	Left Upper Thigh	
	Polio 3	Polio	Mouth Drops	
At 14 Weeks	DPT-HebB+Hib 3	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Haemophilus Influenzae type B	Left Upper Thigh	
9 Months	Measles	Measles	Left Upper Arm	

Take your child for immunization even if the scheduled date is missed

**VITAMIN A AND DE-WORMING**

AGE	VITAMIN A	DEWORMING
	Date given	Date given
Under 6 months		
6 months		
1 Year		
1 ½ Years		
2 Years		
2 ½ Years		
3 Years		
3 ½ years		
4 Years		
4 ½ Years		
5 Years		

**Mother: Date Vitamin A Capsule Given** *Vitamin A should be given within two months of giving birth to this child*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CHILD HEALTH CARD**

District:		Child Registration No:
Health Unit:		
Child's Name:		Birth Weight (kg):
Sex:	Date of Birth: _____	Birth Order:
1. Mother's Name:		2. Father's Name:
Occupation:		Occupation:
Where the Child lives: Sub County/Division:		
Parish:		
L.C.1		

TICK REASONS FOR SPECIAL CARE:

Birth weight less than 2.5kg	Brother or sisters undernourished
Birth defect	Mother dead
Other handicaps or illness	Father dead
Fifth child or more	3 or more children in family dead
Birth less than 2yrs after last birth	Multiple birth child
Severe jaundice	Birth asphyxia

**ANY OTHER REASON FOR SPECIAL ATTENTION**

Please carry this card every time you bring your child for care or attention



# GROWTH PROMOTION CHART

**IMPORTANT:** Give your baby only breast milk for the first 6 months.  
Add foods and other liquids only at 6 months



## INFANT & YOUNG CHILD FEEDING

Time	Birth	1w	6w	10w	14w	6m	9m	12m	18m	24m
IYCF Code										

Infant and Young Child Feeding (IYCF) Codes

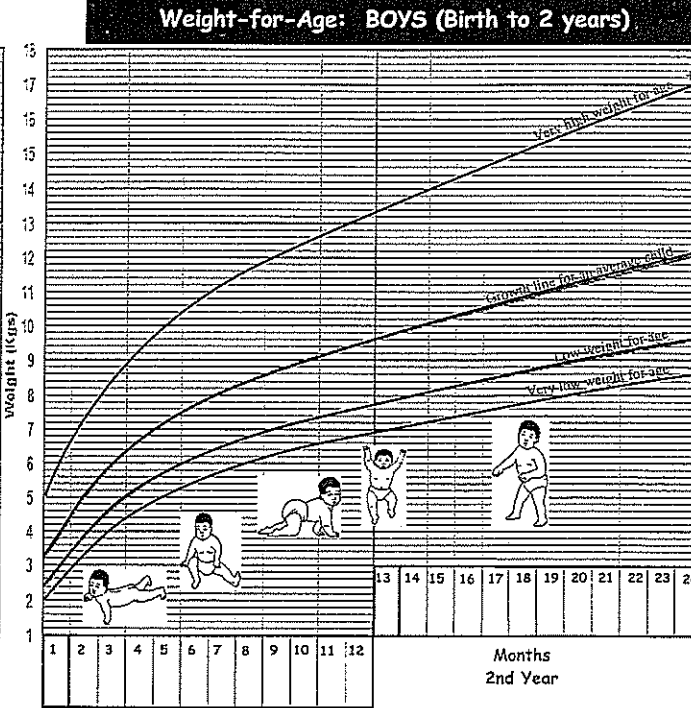
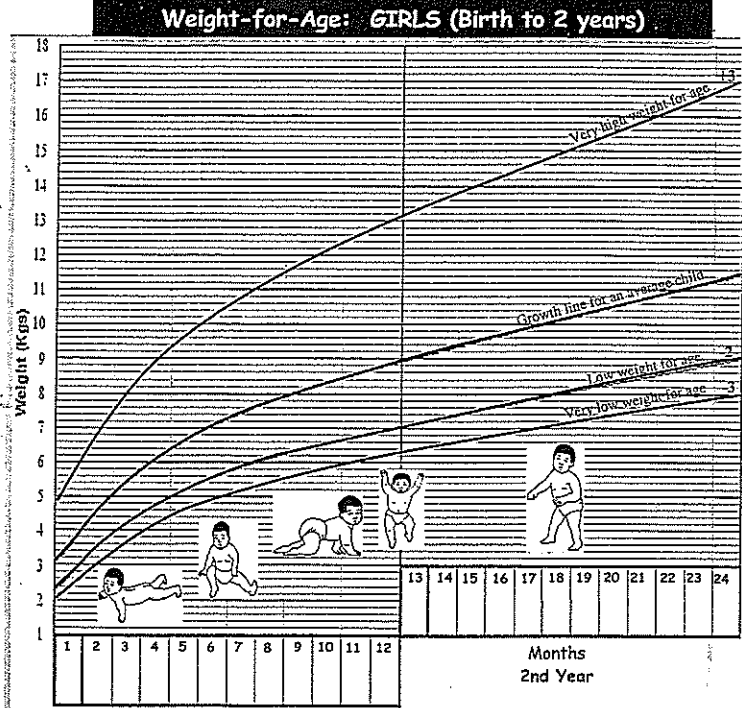
Exclusive Breast Feeding	01
Exclusive Replacement Feeding	02
Mixed feeding	03
Appropriate Complementary Feeding	04
Other, Specify _____	09

Mother's PMTCT Code \_\_\_\_\_

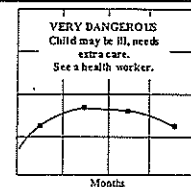
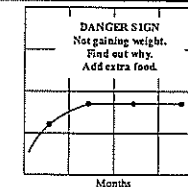
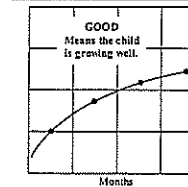
Results of the child      Reactive ( ) Non-Reactive ( )

Child initiated on treatment?    Yes ( ) No ( )

Date child initiated on treatment    \_\_\_/\_\_\_/\_\_\_

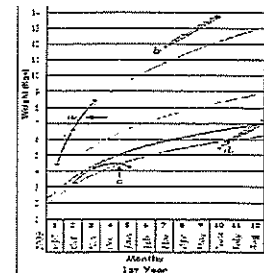


**Watch the line showing the child's growth:**  
The growth curve should continue to go up every time you have your child weighed.



• A child is severely over-weight for his or her age when the growth line crosses the upper-most curve ("a") or the weight lies above the upper-most curve ("b")

• A child is severely under-weight when the growth curve crosses the lower-most curve ("c") or the weight lies below the lower-most curve ("d")



### Discuss

- Breast feeding
- Maternal nutrition
- HIV and AIDS
- Immunisation and Vitamin A supplementation
- Feeding the baby during illness and after illness
- Other foods from 6 months of age
- Frequency of feeding
- Clean food and water
- Child spacing
- Sanitation and hygiene

Weigh the child during each visit, properly record on the card and interpret to the mother or caretaker.

Spend time with your child. Playing with him or her; talking to him or her; and encouraging him or her to learn will help him or her to develop.