

## EDUCATION, COUNSELLING AND REFERRAL INFORMATION

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

[illegible]

## 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	
At 10 Weeks	Polio 2	Polio	Mouth Drops	
	DPT-HebB+Hib 2	Diphtheria/Tetanus/Whooping Cough/ Hepatitis B/Haemophilus Influenzae type B	Left Upper Thigh	
At 14 Weeks	Polio 3	Polio	Mouth Drops	
	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



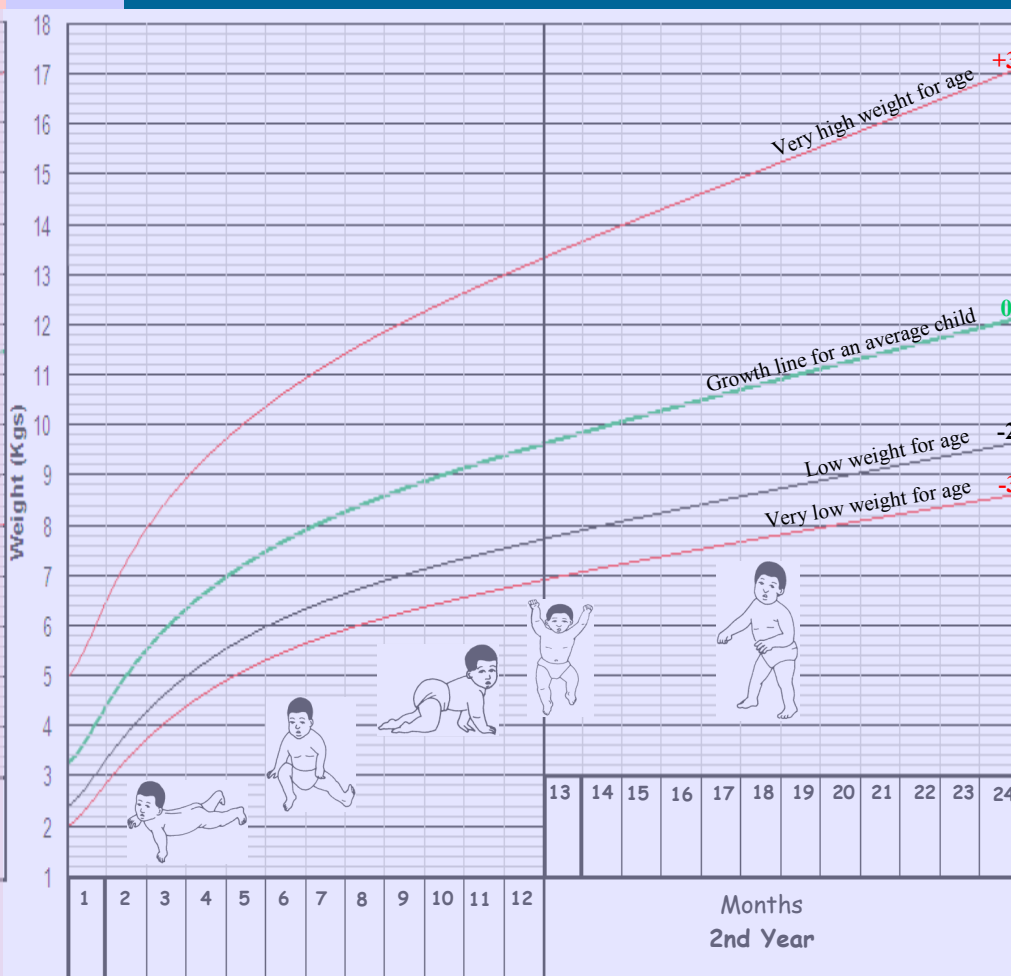
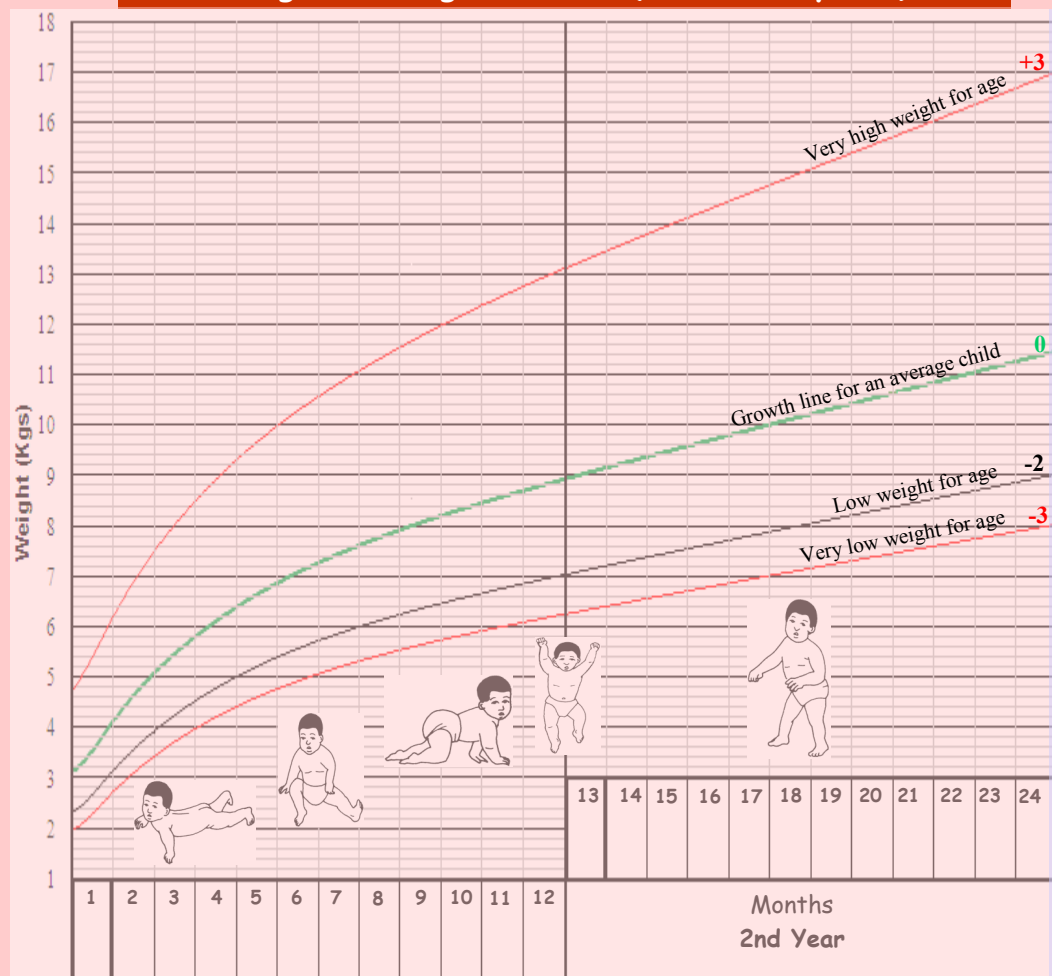
# GROWTH PROMOTION CHART

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



## Weight-for-Age: GIRLS (Birth to 2 years)

## Weight-for-Age: BOYS (Birth to 2 years)



### Discuss

1. Breast feeding
2. Maternal nutrition
3. HIV and AIDS
4. Immunisation and Vitamin A supplementation
5. Feeding the baby during illness and after illness
6. Other foods from 6 months of age
7. Frequency of feeding
8. Clean food and water
9. Child spacing
10. Sanitation and hygiene

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

## 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 \_\_\_\_\_

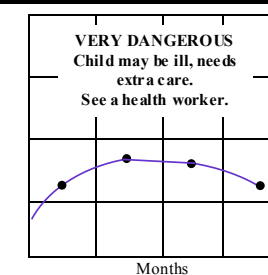
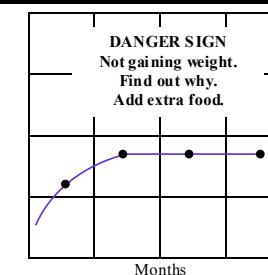
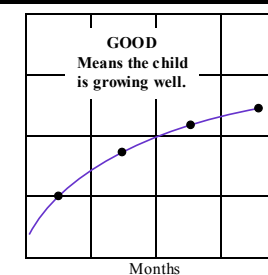
Results of the child Reactive ( ) Non-Reactive ( )

Child initiated on treatment? Yes ( ) No ( )

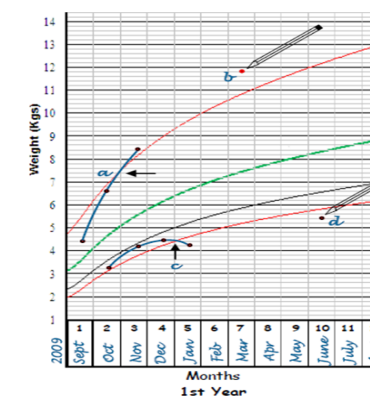
Date child initiated on treatment \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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")



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.