









MINISTRY OF HEALTH AND FAMILY WELFARE MINISTRY OF WOMEN AND CHILD DEVELOPMENT

MOTHER AND CHILD PROTECTION CARD (MCP CARD)









Keep this card safe and carry along with you during every visit to Village Health Sanitation and Nutrition Day, Anganwadi Centre, Health Centre and Hospital

Janani Suraksha Yojana (JSY)

Eligible mother gets cash assistance for giving birth in public health facilities and in private accredited hospitals

Benefits under Pradhan Mantri Matru Vandana Yojana (for the first live child in the family)

- 1st Installment given to beneficiaries after early registration of pregnancy at the Anganwadi Centre/approved Health facility
- 2nd Installment given to beneficiaries when at least one ANC received (can be claimed after 6 months pregnancy)
- 3rd Installment given to beneficiaries
 - i. After registration of child birth
 - ii. Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent/substitute

Pradhanmantri Surakshit Matritva Abhiyaan

During the 2nd/3rd trimester of your pregnancy, avail at least one Antenatal Checkup by a doctor on the 9th day of the month

Benefits under Janani-Shishu Suraksha Karyakram

For Pregnant Women

- · Free and cashless delivery
- Free caesarean section
- · Free drugs and consumables
- Free diagnostics (Blood, Urine tests and Ultrasonography, etc.)
- Free diet during stay (up to 3 days for normal delivery and 7 days for caesarean section)
- · Free provision of blood
- Exemption from user charges
- Free transport from home to health institution, between health institutions in case of referral and drop-back home
- All complications during ANC, PNC and sick infants also covered

For Sick Newborn till one year after birth

- Free treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood
- Exemption from user charges
- Free transport from home to health institution, between health institutions in case of referral and drop-back home

It is illegal to select or determine the sex of a child before birth







MINISTRY OF HEALTH AND FAMILY WELFARE MINISTRY OF WOMEN AND CHILD DEVELOPMENT

MOTHER AND CHILD PROTECTION CARD



the pregnancy

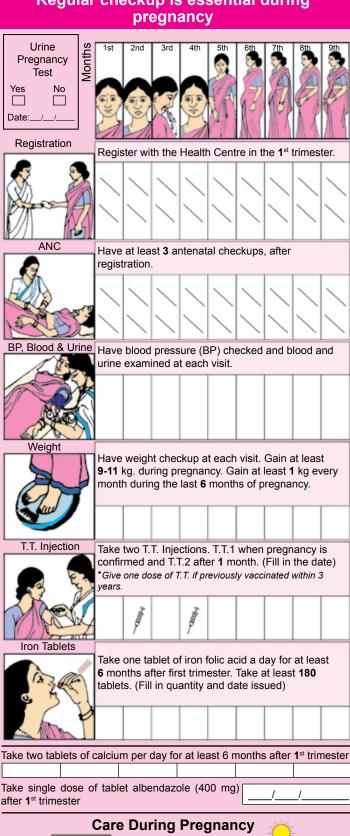
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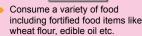
FAMILY IDENTIFICATION Mother's Name _____ Father's Name _ Address _ ____ Mobile No. Father_ Mobile No. Mother_ MCTS/RCH ID (Mother)____ Eligible for PMMVY Yes No Bank & Branch Name _____ _____ IFSC ____ Account No. _____ PREGNANCY RECORD No. of Pregnancies / Previous Live Births Last Delivery Conducted at _____ Date of Last Menstrual Period Expected Date of Delivery ___ Name of Identified Delivery Institution ____ Live Birth Still Birth Pregnancy Outcome BIRTH RECORD Child's Name ____ Birth Weight _____ Date of Birth _ Current Place of Delivery___ ☐ Male ☐ Female Birth Registration No. _____ MCTS/RCH ID (Child) INSTITUTIONAL IDENTIFICATION LGD Code AWW AWC No. Ward Block _ Postal Account _ Postal Code _____ ANM Hospital Phone No. _ SHC / Clinic _ PHC / Town _ Hospital / FRU District ____ Sub-centre Reg. No. ____ Date __ Fixed VHSND day ___ Referred to _______ Child's Aadhaar No. _ Mother's Aadhaar No. ASHA Mobile Number ANM Mobile Number _

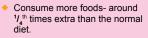
Ambulance Toll Free Phone Number_____

Regular checkup is essential during pregnancy











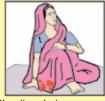
- Take at least two hours of rest during the day and in addition to 8 hours of rest at night.
- Use only adequately iodised/ double fortified salt.
- Consume Supplementary Nutrition from the AWC regularly.
- Rinse the mouth after every meals brush the teeth atleast twice a day.

ANTENATAL CARE

OBSTETRIC COMPLICATION IN PREVIOUS PREGNANCY (Please tick (\checkmark) the relevant history)

(Please t	ick (🏑) the rele	vant h	istory)	
A. APH B	Eclamp	osia		C. PII	4 🔲
D. Anaemia E	Obstru	cted Labor		F. PPI	н 🗍
G. LSCS H	. Conae	nital Anoma	alv	I. Abo	rtion 🔲
J. Other	3.		· ,]	
J. Other	DΛS	T HISTOR	v		
(Please ticl			-	ponse/s	s)
_			_		
A. Tuberculosis	В. Нуре	ertension	C. H	Heart Dis	ease
D. Diabetes	E. Asth	ma [thers	
	FΧΔ	MINATIO		Specify)	
Height H	leart	Lungs	 T	Breasts	
(cms)	Tourt	Lungo	(check	for inverted	
	ANTE	NATAL V	ISITS		
	1	2	3	4	5 (Under
_					(Under PMSMA)
Date					
POG (Weeks)					
Weight(Kg) Pulse Rate					
Blood Pressure					
Pallor					
Oedema					
Jaundice					
Any Complaints					
ABD	OMINA	AL EXAM	INATIO	N	
Fundal Height					
Weeks in cm					
Lie/Presentation Fetal Movements	Normal/	Normal/	Normal/	Normal/	Normal/
T ctal Wovernerits	Reduced/ Absent	Reduced/ Absent	Reduced/ Absent	Reduced/ Absent	Reduced/ Absent
Fetal Heart Rate					
per Minute					
P/V if Done					
	NTIAL	INVESTI	GATIO	NS	
Hemoglobin (Gms) Urine Albumin					
Urine Sugar					
HIV Screening					
Syphilis					
Ultrasonography (Y/N)					
Gestational					
Diabetes Mellitus					
					_
DI 10 0 DI T 1		Date	• /	/	3
Blood Group & Rh Typin	ng				
OPTIONAL INVES		IONS			
	TIGAT		ate	/ /	
OPTIONAL INVES	TIGAT	D	ate ate	<u> </u>	
OPTIONAL INVES 1. Thyroid-Stimulating F	TIGAT	D			

If you or anyone in your family sees any of these danger signs, take the pregnant woman to the nearest appropriate hospital immediately



- Bleeding during pregnancy
- Excessive bleeding during delivery or after delivery



High fever during pregnancy or within one month of delivery



Labour pain before term/ Labour pain for more than 12 hours/Reduced fetal movment



Severe Anemia with or without breathlessness



Headache, blurring of vision, fits and swelling all over the body



Bursting of water bag without labour pains/Preterm labour pains (<37 weeks)

Ensure Institutional Delivery



Contact ASHA/ ANM/AWW



Register under Janani Suraksha Yojna (JSY) Register under PMMVY (if applicable)



Obtain Benefits under JSY



Identify hospital in advance



Arrange for transport iň advance



Ensure 48 hours of stay after delivery in the facility

Preparation in case of Home Delivery*

*It is advisable to conduct birth at health facility by skilled birth attendant



Ensure safe delivery by ANM

- Clean hands
- Clean surface & surroundings
- Clean blade
- Clean thread to tie the cord
- Clean set of clothes for
- newborn
- ✓ Clean perineum



& support

After Delivery

In case of Emergency



Arrange transport to hospital

Intiate Breastfeeding within 1 Hour of Birth



Family planning counselling

POST NATAL CARE

	1001		IL OF	VIVE.				
Date of Deli	very							
Place of Del	livery				_			
Institution:	Normal		Assisted		CS]		
Home:	SBA		Others					
Live Birth	Still Birth							
Term/Preter	m/Abortion							
If at Institution	on, Period of St	ay Post	Deliver	у				
Complication	ons, if any (Sp	ecify)_						
Sex of baby M F *Weight of baby kg. gms								
Cried imme	ediately after b	irth Y	N					
Initiated exc	lusive breast fe	eding w	ithin 1 h	our of bi	rth Y	N		
Injection Vit	amin K Y	N						
	Take one tablet of iron folic acid per day for atleast 6 months after delivery							
Take two to	ablets of calciur	n per da	y for at	east 6 m	onths af	ter		
	POST F	PARTI	JM CA	ARE				

PUSTPARTU	W CA	KE		
	1 st	3 rd	7 th	6 th
	Day	Day	Day	Week
Any complaints				
Pallor				
Pulse Rate				
Blood Pressure				
Temperature				
Breasts (Soft/Engorged)				
Nipples (Cracked/Normal)				
Uterus Tenderness (Present/Absent)				
Bleeding P/V (Excessive/Normal)				
Lochia (Healthy/Foul Smelling)				
Episiotomy/Tear (Healthy/Infected)				
Family Planning Counselling (Y/N)				
Any other Complications and				
Referral Requirements (Y/N)				

If baby is less than 2 kg, contact ANM for support, for continued breastfeeding and Kangaroo mother care

CARE OF BABY

	1 st	3 rd	7 th	6 th
	Day	Day	Day	Week
Weight				
Urine passed				
Stool passed				
Diarrhoea				
Vomiting				
Convulsions				
Activity (Good/Lethargic)				
Sucking (Good/Poor)				
Breathing (Fast/Difficult)				
Chest Indrawing (Present/Absent)				
Temperature				
Jaundice				
Condition of Umbilical Stump				

^{*(}Three extra visits if birth weight < 2.5kg)

Care of Newborn

Please Remember:

- Keep the baby warm.
- Start breastfeeding within 1 hr of birth
- Feed the baby only mother's milk
- · Do not bathe the baby for the first 48 hours
- Keep the cord dry
- · Keep the baby away from sick people
- · Special care if baby < 2.5 kg at birth





Danger Signs:

Contact your Health Worker immediately if baby:

- Not able to feed
- Convulsion
- · Fast breathing more than 60 breaths per minute
- · Severe chest indrawing
- Axillary temperature 37.5° C or above (feels hot to touch)
- Axillary temperature less than 35.5° C (feels cold to touch)
- · Movement only when stimulation or no movement at all

Home Based Child Care visits after 6 weeks (√)

AS	HA to verify at age	3 months	6 months	9 months	12 months	15 months
Wh	ether child sick					
Bre	eastfeeding continued					
given	2-3 tsps of food at a time, 2-3 meals each day with 1-2 snacks between meals	×				
Complementary food given	½ cup serving at a time, 2-3 meals each day with 1-2 snacks between meals	×				
Complen	3/4 to 1 cup serving at a time, 3-4 times a day with 1-2 snacks between meals	×				
We	ight recording by AWW					
De	velopmental delay checked					
lmr	munization status checked					
Ме	asles vaccine given	×	×			
Vita	amin A given	×	×		×	
OR	S at home					
IFA	syrup at home					
	HA to provide services age	3 months	6 months	9 months	12 months	15 months
	unsel for exclusive astfeeding			×	×	×
	unsel for complementary ding	×				
Со	unsel for hand washing					
Со	unsel on parenting					
Fai	mily planning counselling					
OR	S given					
IFA	syrup given	×				

Prevention of Diarrhoea



Wash both hands with soap before preparing food, feeding the child, after defecation and after cleaning child's excreta



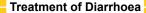
Ensure drinking water is clean and stored in safe, covered container



Ensure that the child's surroundings are hygienic and wash hands of children frequently



Always use toilet, do not practice open defecation. Practice safe disposal of child's faeces





Dissolve and mix 1 packet of ORS in 1 litre of potable water



Immediately give ORS solution to child as soon as diarrhoea begins and after each episode of diarrhoea



Mix Zinc tablet in one teaspoon of water or mother's milk and give it to the child once a day for 14 days



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Continue feeding, including breastfeeding during and after episodes of diarrhoea

Prevention of Pneumonia



Keep children covered in warm woollen clothes during winters and do not let them walk barefoot



Do not keep new born without clothes



Use LPG gas stove for cooking to avoid smoke in the house

Identification of Pneumonia



Coughing gets worse



Fast breathing



Chest indrawing



Fever

Pneumonia can be identified by breath counts

For less than 2 month baby when breath count is more then 60 per minute For 2 month to 1 year baby when breath count is more then 50 per minute

For 1 year to 5 year child when breath count is more than 40 per minute

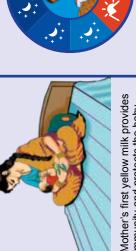
On seeing symptoms of Diarrhea or Pneumonia Contact ASHA or ANM immediately

Feeding, playing and communicating with children helps them to grow and develop physically and intellectually

into your baby's eyes, but don't rock close contact with your skin. While breast milk. Sometimes, your baby breastfeeding, smile, talk and look four baby has a small and tender stomach that only need mother's be held close. Keep your baby in cries because he/she wants to him/her while feeding.



mmunity and protects the baby rom diseases & infections



during the day and night. Frequent

demand both

eeding increases breast milk flow.

four baby should

Don't forget to feed



Breastfeeding improves intelligence



Even if your baby is ill, continue breastfeeding



frequent meals, along with breast milk and After 6 months, your baby requires small

other liquids during illness

Consult the ANM, ASHA and AWW of your area in case you have any problem in breastfeeding your

baby needs only breastfeeding till 6 months baby anything else to eat or drink, not even contains sufficient water. Do not give your honey or water in the first 6 months. Your

Breast milk provides all nutrients and

Talk, smile and be patient to encourage the child to eat

6 months



- Continue breastfeeding
- feeding baby with 2-3 table spoons On completion of 6 months, start of soft, well-mashed foods
- Introduce one food at a time, such followed by fruits, dal and cereals as a small amount of vegetables,

2-3 times a day

- Increase amount of the feed slowly
 - the body's iron store for improving intelligence and physical strength Give iron drops/syrup to maintain

6-9 months



- Continue breastfeeding
- Change consistency to lumpy feeds given 3-4 times a day
- Increase quantity and diversity of the feeds Feed 2–3 times and 1–2 snacks
- Introduce one new food at a time such as khichri, dalia
- cereals, 2) green vegetables and fruits, 3) oil, ghee; 4) mashed dal/fish/egg (only Include at least 4 food groups such as:
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength

General tips:

9-12 months



- Wash your hands with soap and water before preparing food and before feeding the baby.
 - If feeding eggs, ensure they are well-cooked Thoroughly rinse raw fruits and vegetables under running water before cooking
- leftovers on children's plates and do not save Cook thoroughly, use safe water, discard all them for later

Give finely chopped foods that baby can pick up using thumb and fingers. Allow children to

1-2 snacks

eat with own hands, even if they mess up

 Give iron drops/syrup to maintain the body's Give Vitamin A syrup for improving eyesight

iron store for improving intelligence and

physical strength

After 12 months, introduce family foods, give 3/4th-1 katori, 3-4 times each day along with

food that requires chewing 3-4 times a day

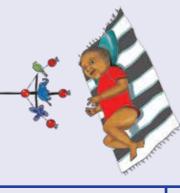
After 9 months, feed at least half katori of

Continue breastfeeding

- Use only iodized salt for cooking; iodine improves intellect
- Give iron drops/syrup to maintain the body's iron store for improving intelligence and physical strength



- Begin to recognize the mother's face
- Make eye contact



- away, for babies to focus Hang colourful moving objects 30cm (1 foot) on and follow *
- Avoid use of digital media in children younger than

mother tongue daily



Encourage babies to lie on tummy for some time every day



arms and both

☐ Move both

legs, when

excited

quickly responding to each cry does not spoil babies Talk to babies in your babies daily. Cuddling or Cuddle and play with



☐ Keep hands

open and

relaxed

ASHA/AWW please examine and mark 🔽 or 🔀 on the card as per the age of the child

Raise head at times, when on

"Warning" signs: Contact ANM/AWW/health care provider immediately if you see any one of these



Persistent squinting after 2 months



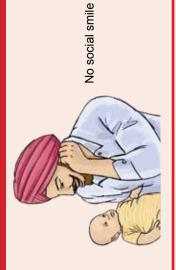


Does not make any eye contact when being fed, cuddled or spoken to



Persistently hold thumb inside the palm, with hands

kept open or fisted





What most babies do (parents to </ri>



Laugh aloud or make squealing grasp an object Attempt to reach and



Take children outdoors,

and introduce them to the outside world

Children suck on their fingers and thumb for

for concern. Do comfort. It is not a cause

not stop this at an

Put interesting things on the floor for babies to reach out and explore

ah ee oo

Begin to babble "ah, ee, oo" other than when crying Like to look at self in a mirror

Turn head towards direction of sound

Keep head steady when held upright

and can sit with support

ASHA/AWW please examine and mark 🗹 or 🔀 on the card as per the age of the child

14

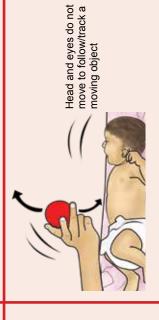
"Warning" signs: Contact ANM/AWW/health care provider immediately if you see any one of these



Does not grasp things within reach

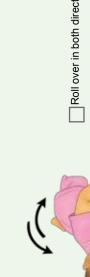


Cannot sit up even with help



Unable to raise head when on tummy

vocalize by making different sounds such as "ah", "eh", "oo" Does not



Roll over in both directions



repeatedly. Respond to the noise that children bang and throw things make in a gentle and et children drop,



household utensils to play and explore Give children clean, safe

Play games like peek-a-boo. Hide the children's favourite toys under a cloth or box. See if children can find it

ASHA/AWW please examine and mark 🗹 or 🔀 on the card as per the age of the child



Grasp a toy by using all fingers visually follow familiar faces or Turn head to

"Warning" signs: Contact ANM/AWW/health care provider immediately if you see any one of these



Tilts head always to one side each time when looking at objects





Does not utter pa.. pa..pa, ma.. ma, ba.. ba..ba, etc









Show and name things in their Tell your babies stories and read picture books aloud. environment





Respond to simple requests like "no/ come here" Use one or two commonwords in mother

ASHA/AWW please examine and mark 🗹 or 🔀 on the card as per the age of the child

2





Does not respond to own name



Does not play social games like peek-a-boo (jhalak/ anakh-michauli)

Does not stretch hands to be picked up

Does not search for half hidden toys that the child sees you hide





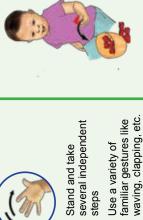






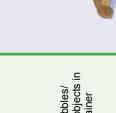








Put pebbles/ small objects in a container





Provide push toy for babies to learn walking





questions. Encourage them to talk Ask your children simple

objects, put them in and take them out of containers children. Ask them to identify the Give some fruits, toys, etc. to

"Warning" signs: Contact ANM/AWW/health care provider immediately if you see any one of these



papa, dada

Does not say single words like "mama" or "dada"

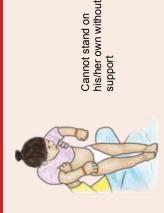


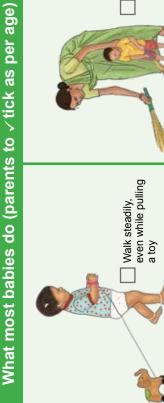


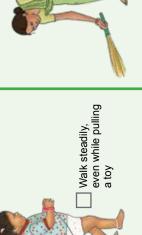
Does not use both hands (shows preference for one hand) for everyday activities











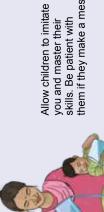
household chores





Provide opportunities for

Encourage children to follow a and waking up at a fixed time daily routine such as sleeping climb in safe environments children to walk, run and



them if they make a mess skills. Be patient with you and master their

Read aloud to children, often repeating stories. Provide books and paper, chalk, colours, etc. for scribbling



Correctly point out and name one or more body parts

in person or in books

ASHA/AWW please examine and mark 🗹 or 🔀 on the card as per the age of the child

"Warning" signs: Contact ANM/AWW/health care provider immediately if you see any one of these



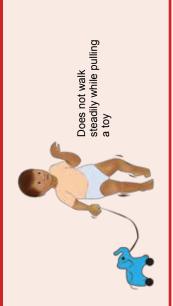






understand and follow simple instructions Does not seem to

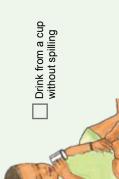
Bittoo, give me the block

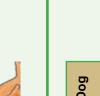




appropriate response to gestures such as responding to bye-bye/ namaste Does not make









Name most familiar things consistently.

Climb up and down the stairs

Make a sentence by joining 3 or more words Identify colours, shapes, etc.



Play outdoor games with your children which require movement and physical activity



Give variety of materials (including blocks, puzzles, Allow children to use their hands and fingers in

different ways to improve their skills

ASHA/AWW please examine and mark 🗹 or 🐹 on the card as per the age of the child

"Warning" signs: Contact ANM/AWW/health care provider immediately if you see any one of these



Does not speak in simple and three word sentences such as "mummy give milk"

give milk



Continuous drooling, unclear speech



Does not play "Pretend" games Babloo, let's (feed the baby)



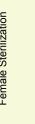
Maintaining spacing of 3 years between two children has a healthy impact on both the mother and baby's health. You can avail any spacing method from the wide basket of choices offered under the Family Planning

Programme such as:

If your family is complete, you/your spouse can opt for a permanent method of contraception



Female Sterilization



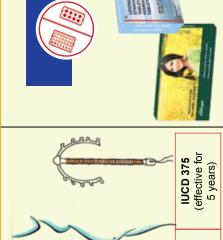




Nirodh-Condom

Mala N-Combined Oral Contraceptive

Male Sterilization



Post partum IUCD: within 48 hours Interval IUCD: after 6 weeks of

IUCD can be inserted as:

(effective for **IUCD 380A** 10 years)







Bi-weekly Iron-Folic Acid Supplementation and bi-annual deworming for children aged 6 months to 5 years (Compliance Card)

Mention date	Bottle 1	Bottle 2	Bottle 3	Bottle 4	Bottle 5
of provision of					
IFA bottle to	Bottle 6	Bottle 7	Bottle 8	Bottle 9	Bottle 10
mother					

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Month-wise Bi-weekly IFA syrup supplementation	Jun																									
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Age		6	-12	2 m	ont	h		1-2	2 Ye	ear			2-3	3 Ye	ear			3-4	1 Ye	ear			4-5	5 Ye	ear	
⋖		Ľ				_												_								

Albendazole (write date)

	(())	,		
Age	1-2 Year	2-3 Year	3-4 Year	4-5 Year
Dose - 1				
Dose - 2				

Important things to remember:

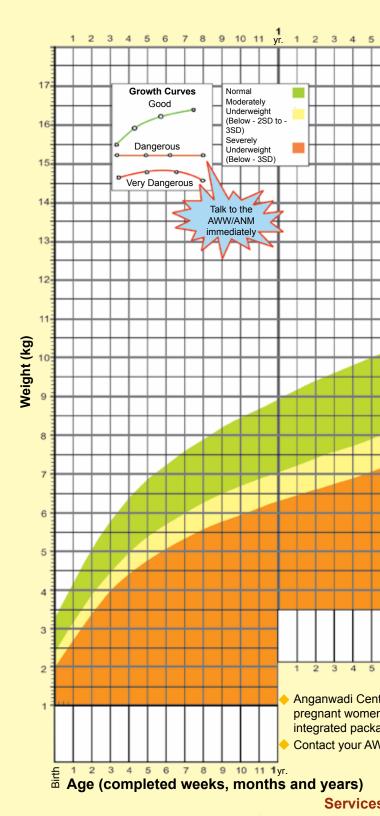
- Provide iron folic acid (IFA) syrup every Wednesday and Saturday
- 2. Give 1 ml of Iron folic acid syrup using the auto-dispenser
- 3. Don't give iron folic acid syrup to a child when s/he is sick or severly undernourished
- Always give iron folic acid syrup to the child after consumption of food
- 5. One 50-ml iron folic acid syrup bottle lasts for six months and once its finished, contact your ASHA/ANM didi for a new bottle
- 6. After giving a dose of iron folic acid syrup, mark a

 ✓ tick in the card
- 7. In case of any problem after consumption of iron folic acid syrup, contact your ANM immediately



GIRL: Weight-for-a

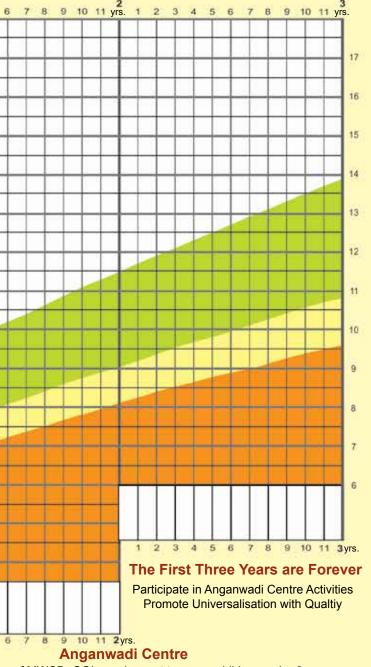
(As per WHO Child



- Supplementary nutritional support, growth monitoring and promotion
- Nutrition and health education

ge - Birth to 3 years

Growth Standards)



tre of MWCD, GOI, reaches out to young children under **6** years, in and breastfeeding mothers and women **15-45** years with an age of services

/W for child care services at the nearest AWC

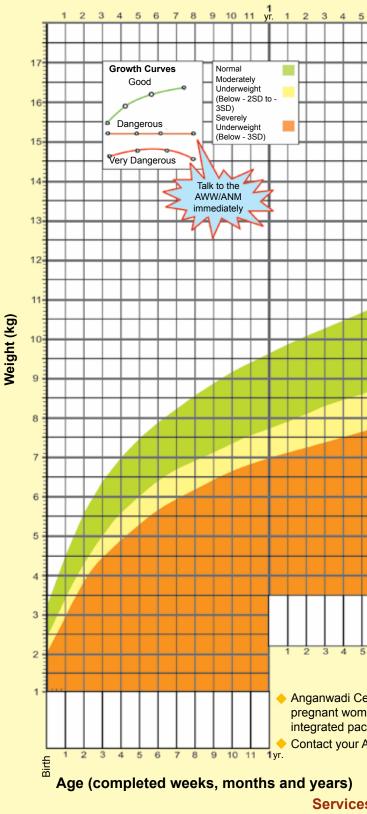
s at Anganwadi Centre

- Immunization
- Health check-up
- Referral services
- Early childhood care and preschool education



BOY: Weight-for-a

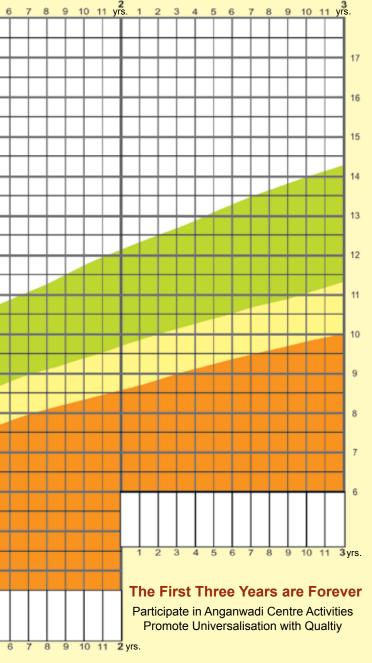




- Supplementary nutritional support, growth monitoring and promotion
- Nutrition and health education

ge - Birth to 3 years

Growth Standards)



Anganwadi Centre

ntre of MWCD, GOI, reaches out to young children under 6 years, en and breastfeeding mothers and women 15-45 years with an kage of services

WW for child care services at the nearest AWC

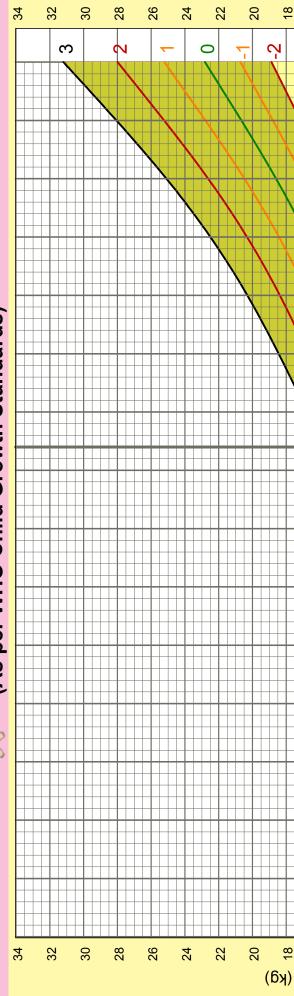
s at Anganwadi Centre

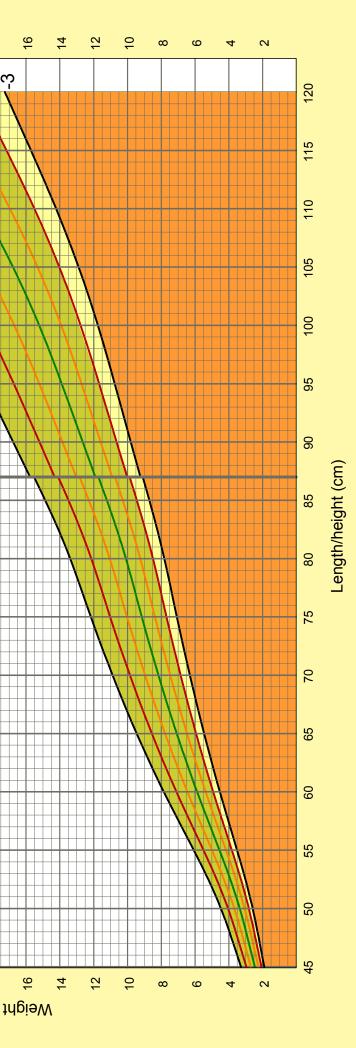
- **Immunization**
- Health check-up
- Referral services
- Early childhood care and preschool education

at the AWC every month

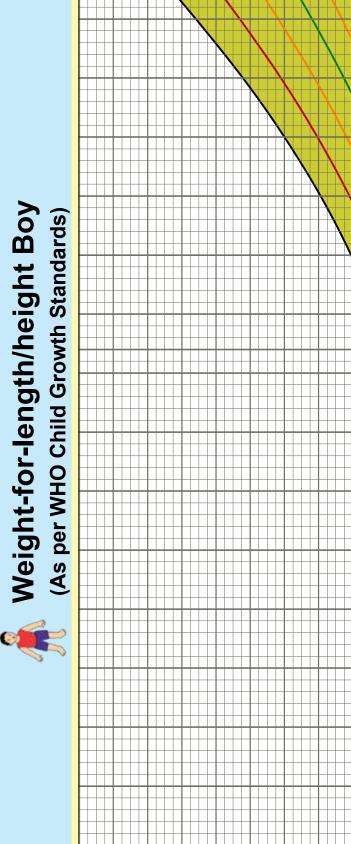
Weight-for-length/height Girls (As per WHO Child Growth Standards)



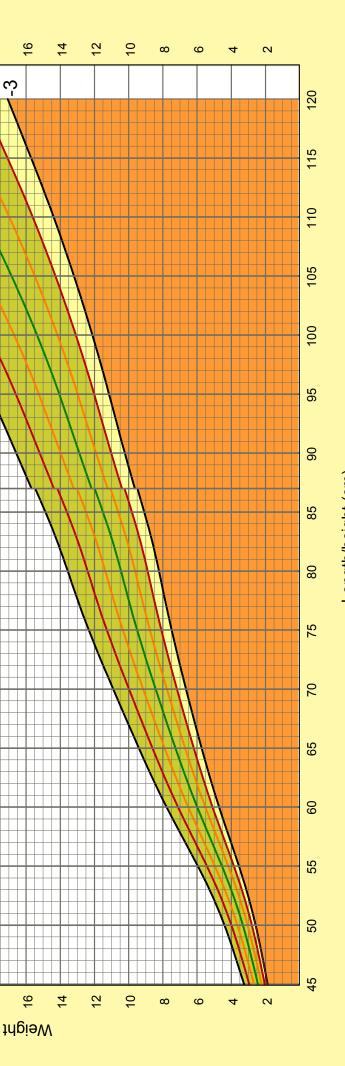




N



(_Ka)



Congratulations! Your child is	not become a vaccinated for the 1st year of life.	FOUR KEY MESSAGES ON IMMUNIZATION			was given and 02 to come for the what disease it next visit prevents		What minor To keep the	adverse events immunization card 03 could occur and belong it low to deal with along for the next	I them.
Q		ь.	z		0			ö	
9 MONTHS	Next Vaccination Date:	_	DATE OF VACCINATION (mm/dd/yyyy):	/ /					
6	Next V			MR-1	JE-1	Vitamin A-1	PCV booster		
3 1/2 MONTHS	Next Vaccination Date:		DATE OF VACCINATION (mm/dd/yyyy):	/ /	/ /	/ /	/ /	/ /	/ /
3 1/	Next V	_		OPV-3	Penta-3	Rota-3	PCV-2	IPV-2	
2 1/2 MONTHS	Next Vaccination Date:		DATE OF VACCINATION (mm/dd/yyyy):	/ /	/ /	/ /	/ /	/ /	/ /
7, 2	Next V	_		OPV-2	Penta-2	Rota-2			
1 1/2 MONTHS	Next Vaccination Date:		DATE OF VACCINATION (mm/dd/yyyy):	/ /	/ /	/ /	/ /	/ /	
1 1/	Next \			OPV-1	Penta-1	Rota-1	PCV-1	IPV-1	
BIRTH	Date of Delivery		DATE OF VACCINATION (mm/dd/yyyy):	/ /	/ /	/ /	/ /	/ /	
	ď	_		0-Ado	Hep B give within 24h of birth	все			

16-2	16-24 MONTHS	9-9	5-6 YEARS		10 YEARS	16	16 YEARS	SIA	SIA / OTHER	VITAMIN A			
Next	Next Vaccination Date:	Next Va	Next Vaccination Date:	Next	Next Vaccination Date:			HAIOCAN	MOLEANIOCAN TO TEAC	CHILD AGE		DATE OF ADMINISTRATION (mm/dd/yyyy):	/dd/yyyy):
	_		_					NAME	(mm/dd/yyyy):	Vit-A-3 2 years	S	_	
_	/	_	_		\					Vit-A-4 2.5 years	ars /		
	DATE OF VACCINATION	ū	DATE OF VACCINATION		DATE OF VACCINATION		DATE OF VACCINATION			Vit-A-5 3 years	s		
	(mm/dd/yyyy):	સ	(mm/dd/yyyy):		(mm/dd/yyyy):		(mm/dd/yyyy):			Vit-A-6 3.5 years	ars /	_	
DPT Booster-1	_	DPT Booster-2		Þ	_	Þ	/ /			Vit-A-7 4 years	s	_	
	_		-		_					Vit-A-8 4.5 years	ars /	_	
Vitamin				L	-					Vit-A 9 5 years	s	_	
A-2	_		-							MISSED DOSE TRACKING	ACKING		Ī
MP.2			_		-		_			NAME & DAT	DATE OF REASON WHY	Ž	SIGN OF
	_		_		_					MISSED DC VACCINE MIS	DOSE MISSED	MISSED DOSE	ANM
į	_				-								
JE-2	/		_								_		
													ı
OPV Booster			_		_					Congratulati	Congratulations! Your child is vaccinated for the 2^{nd} year of life.	d is rof life.	

Immunization Essentials

VACCINATION NAME	BIRTH	1 ^{1/} ₂ Months	2 ^{1/} ₂ Months	3 ^{1/} ₂ Months	9 Months	1 ^{1/} ₂ Years
BCG						
prevents tuberculosis	\bigcirc					
НерВ						
prevents liver disease	\bigcirc					
OPV						
prevents polio		O	O	O		V
IPV						
prevents polio		•		•		
Penta						
prevents whooping						
cough, diphtheria,		\bigcirc	\bigcirc			
tetanus Hep B and						
Hib infections						
PCV						
prevents pneumonia		\bigcirc		Ø	0	
Rota						
prevents		②				
diarrhoea						
MR						
prevents measles,						
rubella						
JE						
Prevents brain						O
fever						
DPT						
prevents whooping						
cough, diphtheria and						•
tetanus						







With your help, we have eradicated polio and eliminated maternal and neonatal tetanus!



Continue vaccinating your child. Thank You!

Additional information	

MINISTRY OF HEALTH AND FAMILY WELFARE
MINISTRY OF WOMEN AND CHILD DEVELOPMENT

2018 Version 38

FAMILY IDENTI

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	i)	(mm/dd/yyyy):		(mm/dd/yyyy):	<i>.</i> ;		(mm/dd/)
FAMILY IDENTIFICATION	0-V40	/ /	OPV-1	_	_	OPV-2	_
Child's name	Hon B			ŀ			
Child's birth date ///	give within 24h of birth	/	Penta-1	_		Penta-2	_
Father's name	BCG		Rota-1	_		Rota-2	_
Mother's name							-
Parents Mobile Number		/ /	PCV-1	_	_		_
Address		, ,	IPV-1	~	_		_
MCTS/RCH No.				_	,		-
ANM Signature				_	_		_

9 MONTHS	Next Vaccination Date: /	DATE OF VACCINATION (mm/dd/yyyy):	/ /	/ /	/ /	/ /	/ /	
6	Next /		MR-1	JE-1	Vitamin A-1	PCV- Booster		
HS	Date:	CCINATION (yy):	/		_			
3 1/2 MONTHS	Next Vaccination Date:	DATE OF VACCINATION (mm/dd/yyyy):	\	_	_	_		
, w	Next /		OPV-3	Penta-3	Rota-3	PCV-2	IPV-2	
ű	ate:	INATION:						
2 1/2 MONTHS	Next Vaccination Date:	DATE OF VACCINATION (mm/dd/yyyy):	_	_	_	_	_	_
2 1/2	Next V		OPV-2	Penta-2	Rota-2			
ဟ)ate:	INATION:	_					
1 1/2 MONTHS	Next Vaccination Date:	DATE OF VACCINATION (mm/dd/yyyy):	_	_	_	_	_	_
1 1/	Next V		0PV-1	Penta-1	Rota-1	PCV-1	IPV-1	
	کر	CINATION ():	/					
BIRTH	Date of Delivery	DATE OF VACCINATION (mm/dd/yyyy):	_	_	_			_
	<u>م</u>			hin hirth				

ASHA INCENTIVE TRACKING	16-24	16-24 MONTHS	2-(5-6 YEARS	10 ,	10 YEARS	16	16 YEARS	VITAMIN A 3-9	A 3-9	
	Next Va	Next Vaccination Date: /	Next V	Next Vaccination Date:	Next Vac	Next Vaccination Date:	[Return ([Return Card to ANM]	200	DATE OF ADMINISTRATION (mm/dd/yyyy):	
Incentive received? Yes No	_ 6	DATE OF VACCINATION		DATE OF VACCINATION	rAQ .	DATE OF VACCINATION		DATE OF VACCINATION	Vit-A-3	/ /	
Complete Immunization (CIC):		(mm/dd/yyyy): 		(mm/dd/yyyy): 	nu) –	(mm/dd/yyyy): 	<u>"</u>	(mm/dd/yyyy): 	Vit-A-4	/ /	
	Booster-1 Vitamin		Booster-2	_ -		_		_ -	Vit-A-5		
Incentive received? Yes No If yes, date received //	A-2	_		_		_		_	Vit-A-6		
	MR-2	/ /	MISSED D	MISSED DOSE TRACKING	i	l			Vit-A-7		
		,	NAME DA	DATE OF VACCINATION	REASON	N	NEXT VACCINATION DATE ANM INITIAL	ATE ANM INITIAL		,	-
	JE-2			/ /			/ /		Vit-A-8	/ /	
	OPV			/ /			/ /		Vit-A-9		
	Booster	,					/ /			, ,	
		/ /								Be Wise Get your child f haly immunited	