IMPORTANT: Always bring this booklet when you visit any health clinic, doctor or hospital

ROAD TO HEALTH GIRLS

Child's first name and surname:

Date of Birth:

DD/MM/YYYY

This booklet must be issued at birth by the health services concerned.
If birth takes place at home, the first opportunity after delivery should be used to issue the booklet.
The booklet must be issued **FREE OF CHARGE**, irrespective of delivery taking place at a public or private health facility.

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

WELL CHILD VISITS – RECORDING SHEET FOR CHILDREN

Record the following information for each visit on the spaces that are not shaded. Refer to the page numbers given in this booklet and complete the relevant section.						Remember to check the following. Tick if done, and record details on the relevant page					Date of next visit
Age	**Date**	**Growth (IMCI)** (page 14)	**PMTCT/ HIV status (IMCI)** (page 7&8)	**TB status (IMCI)**	**Feeding** (EBF/EFF/ mixed feeding for first 6 months)	Immunisations (page 6)	Vitamin A (page 9)	Deworming (page 9)	Development (page 13)	Oral Health (page 20)	
3-6 days											
6 wks											
10 wks											
14 wks											
4 mths											
5 mths											
6 mths											
7 mths											
8 mths											
9 mths											
10 mths											

Age	Date	Growth (IMCI) (page 14)	PMTCT/ HIV status (IMCI) (page 7&8)	TB status (IMCI)	Feeding (EBF/EFF/ mixed feeding for first 6 months)	Immunisations (page 6)	Vitamin A (page 9)	Deworming (page 9)	Development (page 13)	Oral Health (page 20)	Date of next visit
11mths											
12 mths											
14 mths											
16 mths											
18 mths											
20 mths											
22 mths											
24 mths											
30 mths											
36 mths											
42 mths											
48 mths											
54 mths											
60 mths											
72 mths											
12 yrs											

DETAILS OF CHILD AND FAMILY (To be completed at birth)

Child's first name and surname: _____

Child's ID number: | | | | | | | | | | | | | |

Mother's ID number: | | | | | | | | | | | | | |

Date of birth / / dd mm yyyy	Name of facility where child was born:
Child's residential address:	
Mother's name:	Mother's birth date:
Father's name:	Who does the child live with?

How many children has the mother had (including this child?)

Number born (including stillbirths) ☐	Reason(s) for death(s):
Number alive now ☐	Date information given: / / / dd mm yyyy

Child in need of special care (mark with X)
(Complete at delivery or at first contact with health services)

Is the baby a twin, triplet, etc? Yes ☐ No ☐	Does the mother need additional support to care for the child? (Specify) Yes ☐ No ☐
Any disability present (including birth defects?) (Specify) Yes ☐ No ☐	Other: (Specify)

Stamp of facility and name and signature of official who issued booklet

IMMUNISATIONS

Name and surname:

ID number:

Age group	Batch no.	Vaccine	Site	Date given dd/mm/yy	Signature
Birth		BCG	Right arm		
		OPV0	Oral		
6 weeks		OPV1	Oral		
		RV1	Oral		
		DTaP-IPV-Hib1	Left thigh		
		Hep B1	Right thigh		
		PCV 1	Right thigh		
10 weeks		DTaP-IPV-Hib2	Left thigh		
		Hep B2	Right thigh		
14 weeks		DTaP-IPV-Hib3	Left thigh		
		Hep B3	Right thigh		
		PCV2	Right thigh		
		RV2	Oral		
9 months		Measles1	Left thigh		
		PCV3	Right thigh		
18 months		DTaP-IPV-Hib4	Left arm		
		Measles2	Right arm		
6 years		Td	Left arm		
12 years		Td	Left arm		

HEAD CIRCUMFERENCE AT 14 WEEKS AND AT 12 MONTHS

14 Weeks: _____ (Range: 37 - 42 cm) **12 Months:** _____ (Range: 42 - 47.5)

REFER if head circumference is outside range

NEONATAL INFORMATION		
Birth weight:	Birth length:	Head circumference at birth:
Gestational age (weeks)	Rh factor	Mother's RPR
Antenatal (Maternal history):	Intrapartum (including mode of delivery)	
APGAR	1 min	5 min
Neonatal problems: (identify high risk problems):		
Neonatal Feeding: ☐ Exclusive breast ☐ Exclusive formula		
Special care plan / input required (e.g. Kangaroo Mother Care) Specify:		
Post-discharge plan (if baby was admitted in a neonatal ward/premature):		

PMTCT/HIV INFORMATION

Child's first name and surname:

Child's ID Number: | | | | | | | | | | | | | |

Signature of consent: _____

Date:

Fill in this section on discharge from Midwife Obstetric Unit (MOU) or obstetric ward or at first subsequent visit if not yet done

Mother's latest HIV test result	Positive	Negative	To be done
When did mother have the test?	☐ Before pregnancy	☐ During pregnancy	☐ At delivery
Is the mother on life-long ART?	Yes	No	
If yes, duration of life-long ART at time of delivery	☐ < 4 weeks	☐ > 4 weeks	☐ Before pregnancy

Document ARVs the mother received:

Did the mother receive infant feeding counseling?	Yes	No
Decision about infant feeding	☐ Exclusive breast	☐ Exclusive formula

Document Nevirapine given:

All HIV exposed infants should receive Nevirapine for a minimum of 6 weeks

Has the mother disclosed to anyone in the household?	Yes	No
Has the mother's partner been tested?	Yes	No

Remember to offer testing for all the mother's other children if not yet done

Offer a mother with unknown HIV status a rapid HIV test.
If mother's HIV rapid test is positive, perform an HIV DNA PCR test on infant if ≥ 6/52

Fill in this section if infant is HIV exposed

6 week visit

What feeds has the infant received? ☐ Exclusive breast ☐ Exclusive formula ☐ Mixed feeding

HIV PCR test done? Yes / No
Date:

Affix NHLS tracking barcoded sticker here

Cotrimoxazole started? Yes / No

Infant feeding discussed? Yes / No

Has the child received Nevirapine? Yes / No

If yes: Stop now / Continue

Stop Nevirapine if the mother is on life-long ART or the child has stopped breast-feeding. If not, continue until breastfeeding stops

10 week visit, or earlier if ill

PCR result: Positive / Negative

Post test counseling done? Yes / No

Referred for ART? Yes / No

Stop Nevirapine if PCR is positive

Cotrimoxazole given? Yes / No

Has child received Nevirapine? Yes / No

If yes: Stop now / Continue

Encourage a mother whose baby is HIV positive to continue breastfeeding

Retest HIV negative children 6 weeks after cessation of breastfeeding, or if clinical suspicion.
An HIV exposed child should be retested with a rapid HIV Antibody test at 18 months

Repeat PCR test ☐ Positive ☐ Negative
Date:

HIV antibody test ☐ Positive ☐ Negative
Date:

Post test counseling done? Yes / No

Referred for ART Yes / No

Stop Nevirapine if PCR is positive

Cotrimoxazole given? Yes / No

Has child received Nevirapine? Yes / No

If yes: Stop now / Continue

Tick if there is additional information on HIV status in clinical notes ☐

VITAMIN A SUPPLEMENTATION

	At age	Date given dd/mm/yy	Signature	At age	Date given dd/mm/yy	Signature
100 000 IU	6 mths	/ /				
200 000 IU every 6 months	12 mths	/ /		42 mths	/ /	
	18 mths	/ /		48 mths	/ /	
	24 mths	/ /		54 mths	/ /	
	30 mths	/ /		60 mths	/ /	
	36 mths	/ /				

ADDITIONAL DOSES:

For conditions such as measles, severe malnutrition, xerophthalmia and persistent diarrhoea. Omit if dose has been given in last month.
Measles and xerophthalmia: Give one dose daily for two consecutive days. Record the reason and dose given below.

Date	Dose given	Reason	Signature	Date	Dose given	Reason	Signature

DEWORMING TREATMENT (Mebendazole or Albendazole)

Dose	At age	Date given dd/mm/yy	Signature	At age	Date given dd/mm/yy	Signature
	12 mths	/ /		18 mths	/ /	
	24 mths	/ /		48 mths	/ /	
	30 mths	/ /		54 mths	/ /	
	36 mths	/ /		60 mths	/ /	
	42 mths	/ /				

HEALTH PROMOTION MESSAGES

Up to 6 months

Feeding:

- Breastfeed exclusively (give infant only breast milk and no other liquids or solids, not even water, with exception of drops or syrup consisting of vitamins, mineral supplements or medication;
- Breastfeed as often as the child wants, day and night;
- Feed at least 8 to 12 times in 24 hours;
- When away from the child leave expressed breast milk to feed with a cup;
- Avoid using bottles or artificial teats (dummies) as this may interfere with suckling, be difficult to clean and may carry germs that can make your baby sick.

Why is exclusive breastfeeding important?

- Other foods or fluids may damage a young baby's gut and make it easy for infections (including HIV) to get into the baby's body;
- Decreases the risk of diarrhoea;
- It decreases risk of respiratory infections;
- It decreases risk of allergies;

If you have chosen to formula feed your baby, discuss safe preparation and use of formula with the health care worker

Play: Provide ways for your child to see, hear, feel, and move.
Have colorful things to see and reach

Communicate: Look into your child's eyes and smile at him or her
Talk to your child and get a conversation going with sounds or gestures.

HEALTH PROMOTION MESSAGES

6 - 12 months

Feeding:

For all children start complementary foods at 6 months

- Continue breastfeeding;
- Always breastfeed first before giving complementary foods;
- Start giving 2—3 teaspoons of mashed dried beans and/or locally available animal foods daily to supplement the iron in the breastmilk. Examples include egg (yolk), minced meat, fish, chicken/chicken livers, mopani worms. Give soft porridge, vegetables and then fruit;
- Gradually increase the amount and frequency of feeds.
- Children between 6—8 months should have two meals a day. By 12 months this should have increased to 5 small meals per day, whilst frequent breastfeeding continues;
- Offer your baby safe, clean water regularly;
- If the baby is not breastfed, give formula or at least 2 cups of full cream cow's milk (cow's milk can be given from 9 months of age)

Play: Give your child clean household things to handle, bang and drop.

Communicate:

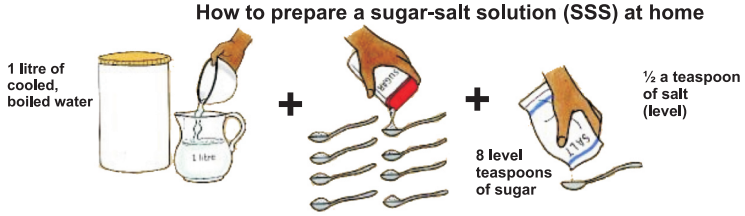
Respond to your child's sounds and interests. Tell your child the names of things and people.

Encourage feeding during illness Suggest an extra meal a day for a week after getting better

Feeding recommendation for DIARRHOEA

- Follow feeding recommendations for the child's age, but give small frequent meals (at least 6 times a day);
- Give a sugar-salt solution (SSS) in addition to feeds. Give SSS after each loose stool, using frequent small sips from a cup (half cup for children under 2 years and 1 cup for children 2—5 years). If the child vomits, wait for 10 minutes then continue, but more slowly

How to prepare a sugar-salt solution (SSS) at home



HEALTH PROMOTION MESSAGES

Feeding: 12 months up to 5 years

- If the child is breastfed, continue breastfeeding as often as the child wants until the child is 2 years and beyond;
- If not breastfeeding, give at least 2 cups of full cream milk, which could be maas, every day;
- Encourage children to eat a variety of foods;
- Feed your children five small meals a day;
- Make starchy foods the basis of a child's main meals;
- Children need plenty of vegetables and fruit every day;
- Children can eat chicken, fish, eggs, beans, soya or peanut butter every day;
- Give foods rich in iron and vitamins A and C;

Iron-rich foods: Liver, kidney, dark green leafy vegetables, egg yolk, dry beans, fortified cereal;
Remember that tea interferes with the absorption of iron. Iron is best absorbed in the presence of vitamin C;
Vitamin A-rich foods: Liver, dark green leafy vegetables, mango, paw paw, yellow sweet potato, full cream milk;
Vitamin C-rich foods: Citrus fruit (oranges, naartjies), guavas, tomatoes;

- If children have sweets, treats or drinks, offer small amounts with meals;
- Offer clean, safe water regularly;
- Encourage children to be active every day.

Play and communicate: 12 months to 2 years

Play: Give your child things to stack up, and to put into containers and take out.

Communicate: Ask your child simple questions. Respond to your child's attempts to talk. Play games like "bye".

Play and communicate: Above 2 years

Play: Help your child count, name, and compare things. Make simple toys for your child.

Communicate: Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games.

DEVELOPMENTAL SCREENING

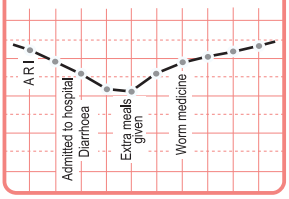
	VISION AND ADAPTIVE	HEARING AND COMMUNICATION	MOTOR DEVELOPMENT
ALWAYS ASK	Can your child see?	Can your child hear and communicate as other children?	Does your child do the the same things as other children of the same age?
14 weeks	Baby follows close objects with eyes	Baby responds to sound by stopping sucking, blinking or turning	Child lifts head when held against shoulder 
6 months	Baby recognises familiar faces	Child turns head to look for sound	Child holds a toy in each hand 
9 months	Child's eyes focus on far objects Eyes move well together (No squint)	Child turns when called	Child sits and plays without support 
18 months	Child looks at small things and pictures	Child points to 3 simple objects Child uses at least 3 words other than names Child understands simple commands	Child walks well  Child uses fingers to feed
3 years	Sees small shapes clearly at 6 metres	Child speaks in simple 3 word sentences	Child runs well and climbs on things
5-6 years: School readiness	No problem with vision, use a Snellen E chart to check	Speaks in full sentences and interact with children and adults	Hops on one foot  Able to draw a stick person
REFER	**Refer the child to the next level of care if child has not achieved the developmental milestone. Refer motor problem to Occupational Therapist/Physiotherapist and hearing and speech problem to Speech therapist/Audiologist if you have the services at your facilities.**		

Girl's Weight-for-Age

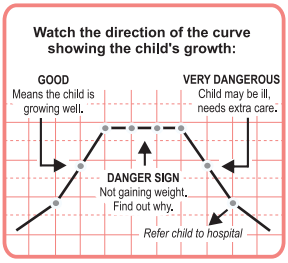
Write on the chart

- Any illness e.g. diarrhoea, ARI, etc.
- Admission to hospital,
- Solids introduced,
- Breastfeeding stopped,
- Birth of next child, etc.

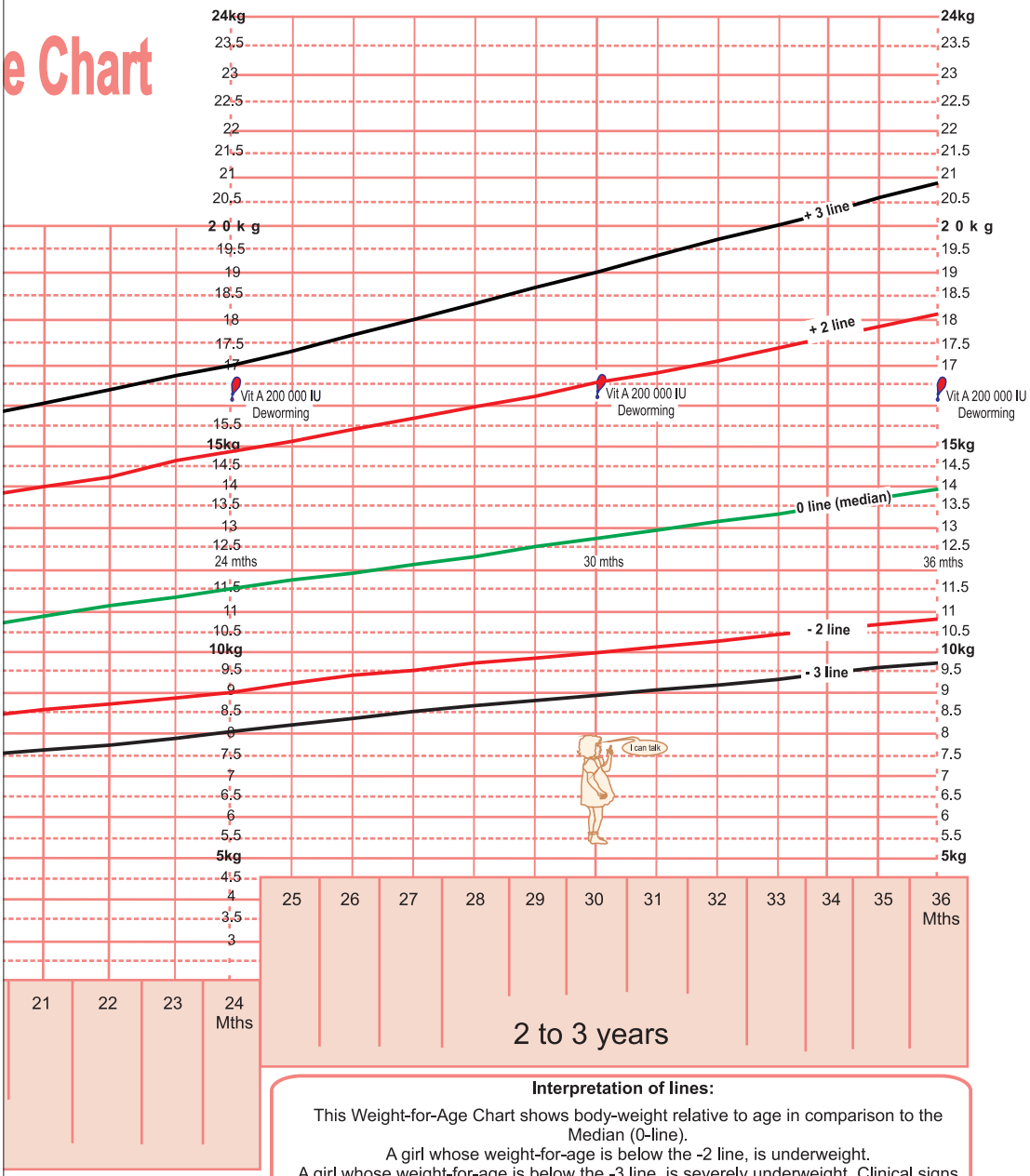
like this:



Watch the direction of the curve showing the child's growth:



e Chart

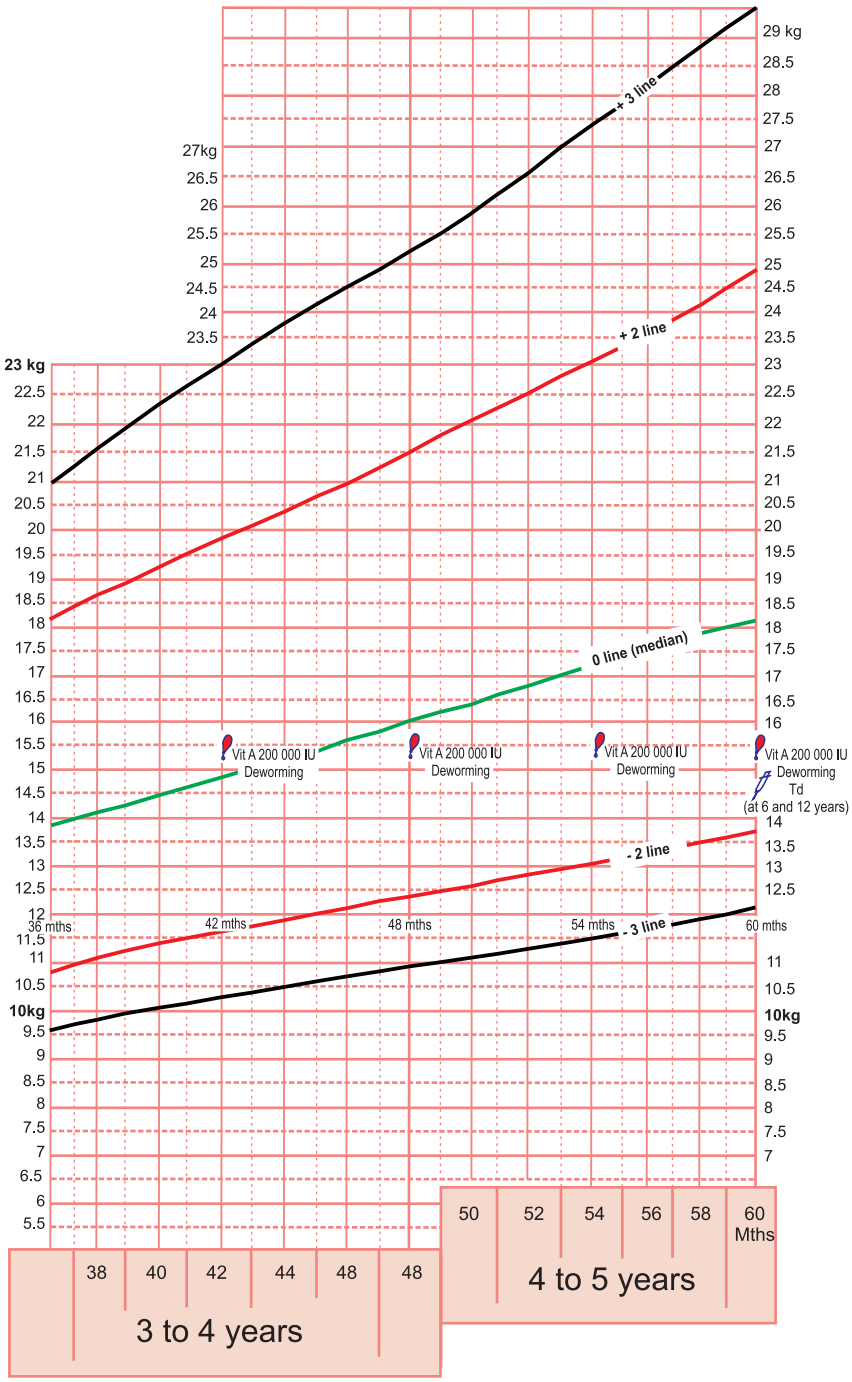


Interpretation of lines:

This Weight-for-Age Chart shows body-weight relative to age in comparison to the Median (0-line).
A girl whose weight-for-age is below the -2 line, is underweight.
A girl whose weight-for-age is below the -3 line, is severely underweight. Clinical signs of Marasmus or Kwashiorkor may be observed.

If her line crosses a z-score line and the shift is away from the median, this may indicate a problem or risk of a problem.

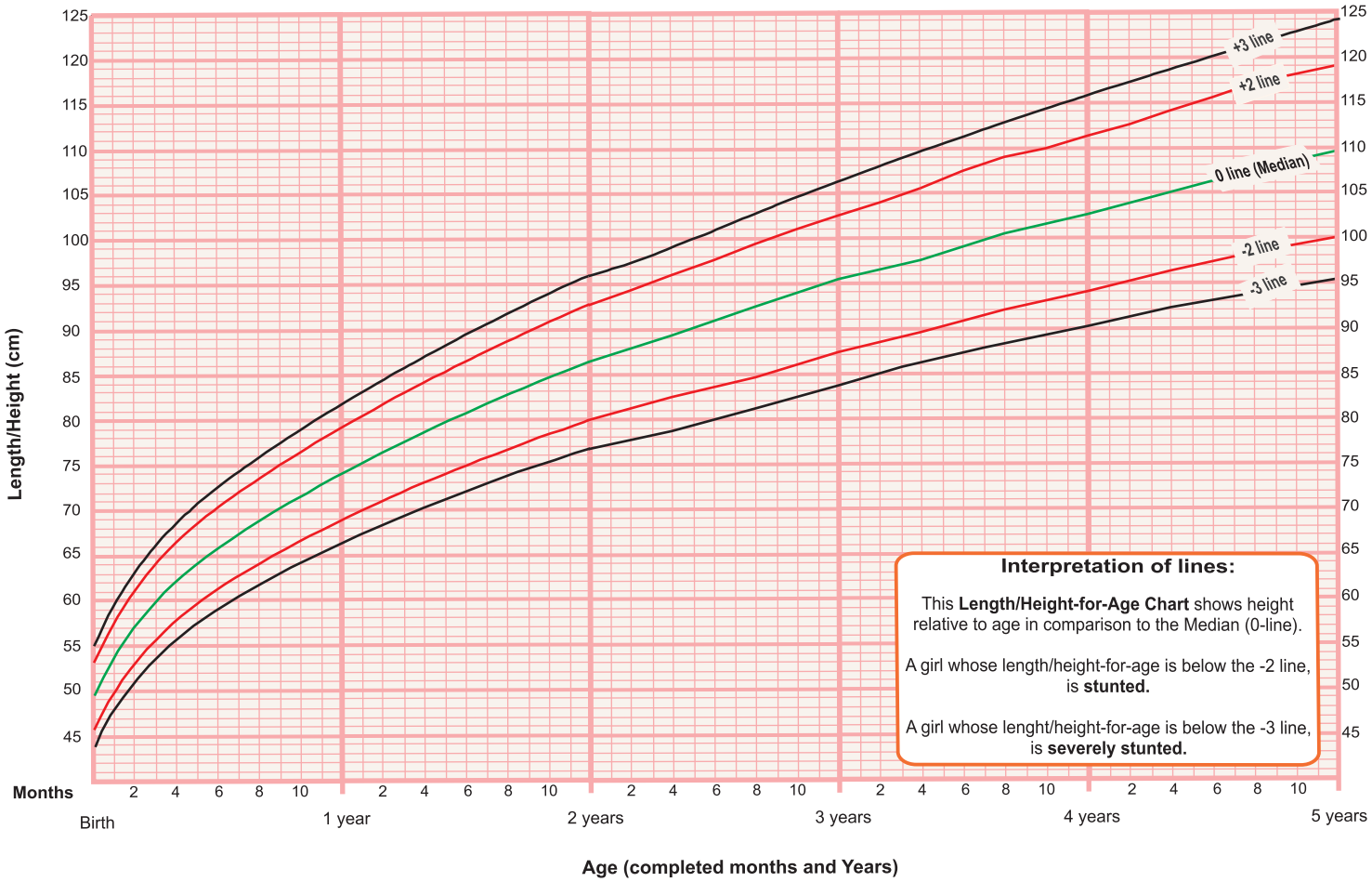
If her line stays close to the median, occasionally crossing above or below it, this is fine.


29 kg
28.5
28
27.5
27kg
27
26.5
26
25.5
25
24.5
24
23.5
23 kg
23
22.5
22
21.5
21
20.5
20
19.5
19
18.5
18
17.5
17
16.5
16
15.5
15
14.5
14
13.5
13
12.5
12
11.5
11
10.5
10kg
9.5
9
8.5
8
7.5
7
6.5
6
5.5
+ 3 line
+ 2 line
0 line (median)
- 2 line
- 3 line
Vit A 200 000 IU
Deworming
Vit A 200 000 IU
Deworming
Vit A 200 000 IU
Deworming
Vit A 200 000 IU
Deworming
Td
(at 6 and 12 years)
36 mths
42 mths
48 mths
54 mths
60 mths
38
40
42
44
48
48
3 to 4 years
50
52
54
56
58
60
Mths
4 to 5 years

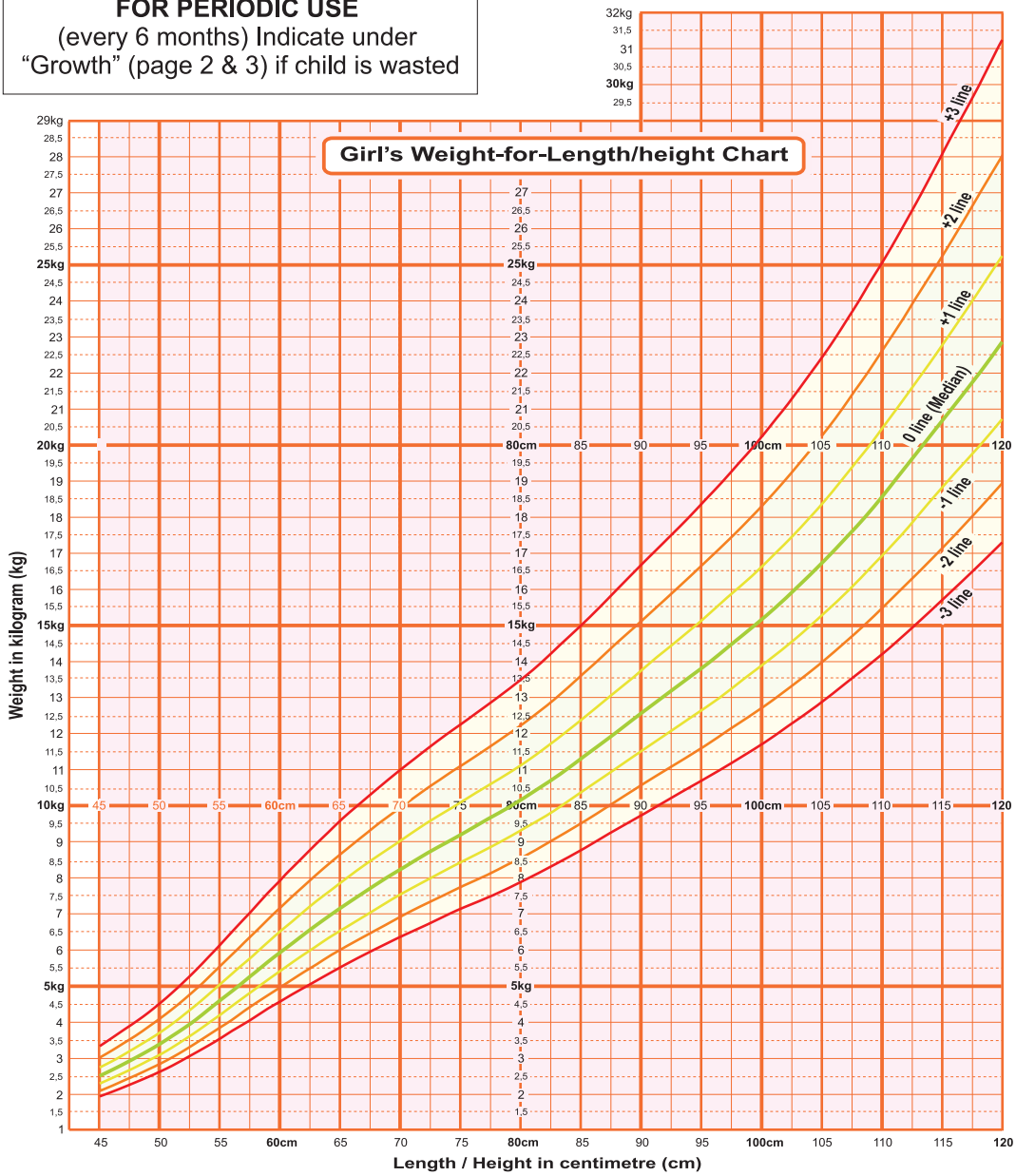
Length/height -for-age GIRLS

Birth to 5 years (z-scores)

FOR PERIODIC USE
(every 6 months) Indicate under "Growth" (page 2 & 3) if child is stunted



FOR PERIODIC USE
(every 6 months) Indicate under
"Growth" (page 2 & 3) if child is wasted



This **Weight-for-Length/height Chart** shows body-weight relative to length/height in comparison to the Median (the 0 z-score line).

A girl whose weight-for-length/height is above the +3 line, is **obese.**

A girl whose weight-for-length/height is above the +2 line, is **overweight.**

A girl whose weight-for-length/height is above the +1 line, shows possible risk of **overweight.**

A girl whose weight-for-length/height is below the -2 line, is **wasted.**

A girl whose weight-for-length/height is below the -3 line, is **severely wasted. Refer for urgent specialised care.**

MID-UPPER ARM CIRCUMFERENCE (MUAC) (Every 3 months)							
Date of visit	**MUAC**	**Date of visit**	**MUAC**	**Date of visit**	**MUAC**	**Date of visit**	**MUAC**

< 11.5 cm indicates severe acute malnutrition (REFER urgently)
≥11.5 < 12.5 cm indicates moderate acute malnutrition (Manage as in IMCI guidelines)

HOSPITAL ADMISSIONS				
Hospital name	Admission number	Date of admission dd/mm/yyyy	Date of discharge dd/mm/yyyy	Discharge diagnosis
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

NAME OF CLINIC(S) VISITED	
Clinic 1:	Clinic 2:
Clinic 3:	Clinic 4:

ORAL HEALTH EXAMINATIONS

Refer child if scheduled examinations have not been done.
To be completed by Dentist, Dental Therapist or Oral Hygienist.

Schedule of visits:

1st visit on appearance of first tooth

Examiner: _____ Health facility: _____ Date: _____

At age 12 months, when attending immunizations

Examiner: _____ Health facility: _____ Date: _____

In the 2nd year, with other health checks

Examiner: _____ Health facility: _____ Date: _____

In the 3rd year, with other health checks

Examiner: _____ Health facility: _____ Date: _____

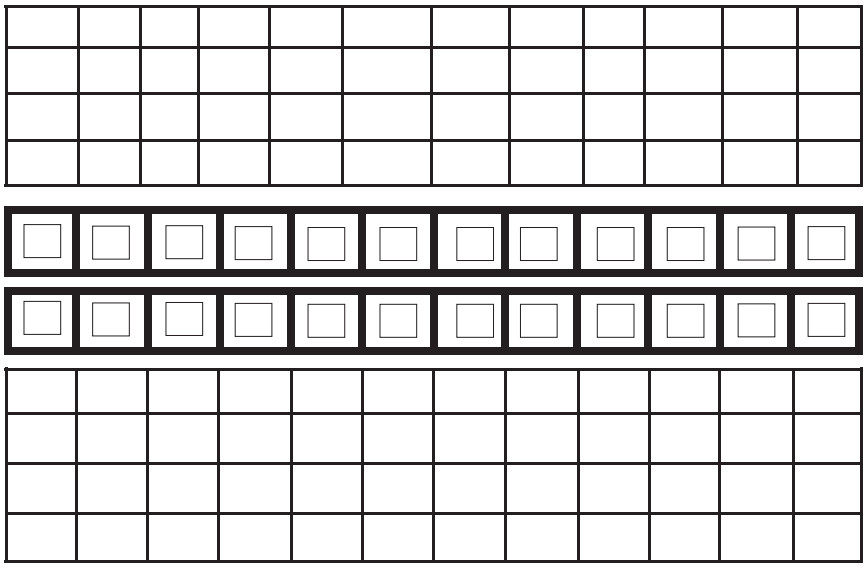
In the 4th year, with other health checks

Examiner: _____ Health facility: _____ Date: _____

In the 5th year, with other health checks

Examiner: _____ Health facility: _____ Date: _____

Use a clean cloth to clean your baby's gums
Use a small soft toothbrush to clean the baby's teeth



CLINICAL NOTES		
Date	Assess and classify	Counsel and treat

CLINICAL NOTES		
Date	Assess and classify	Counsel and treat

CLINICAL NOTES		
Date	Assess and classify	Counsel and treat

CLINICAL NOTES		
Date	**Assess and classify**	**Counsel and treat**

CLINICAL NOTES		
Date	Assess and classify	Counsel and treat

CLINICAL NOTES		
Date	Assess and classify	Counsel and treat

CLINICAL NOTES		
Date	Assess and classify	Counsel and treat

Take your child to the nearest clinic when any of the these danger signs occur:

Vomiting everything

Unable to breastfeed

Child lethargic or unconscious

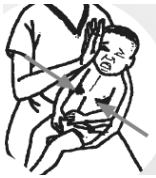
Convulsions

Cough and breathing rate more than 50 breaths per minute

Diarrhoea with sunken eyes or sunken fontanelle

Diarrhoea with blood

Chest indrawing



Child under 2 months and:
- is not feeding
- has fever