



Western Cape
Government

BETTER TOGETHER.

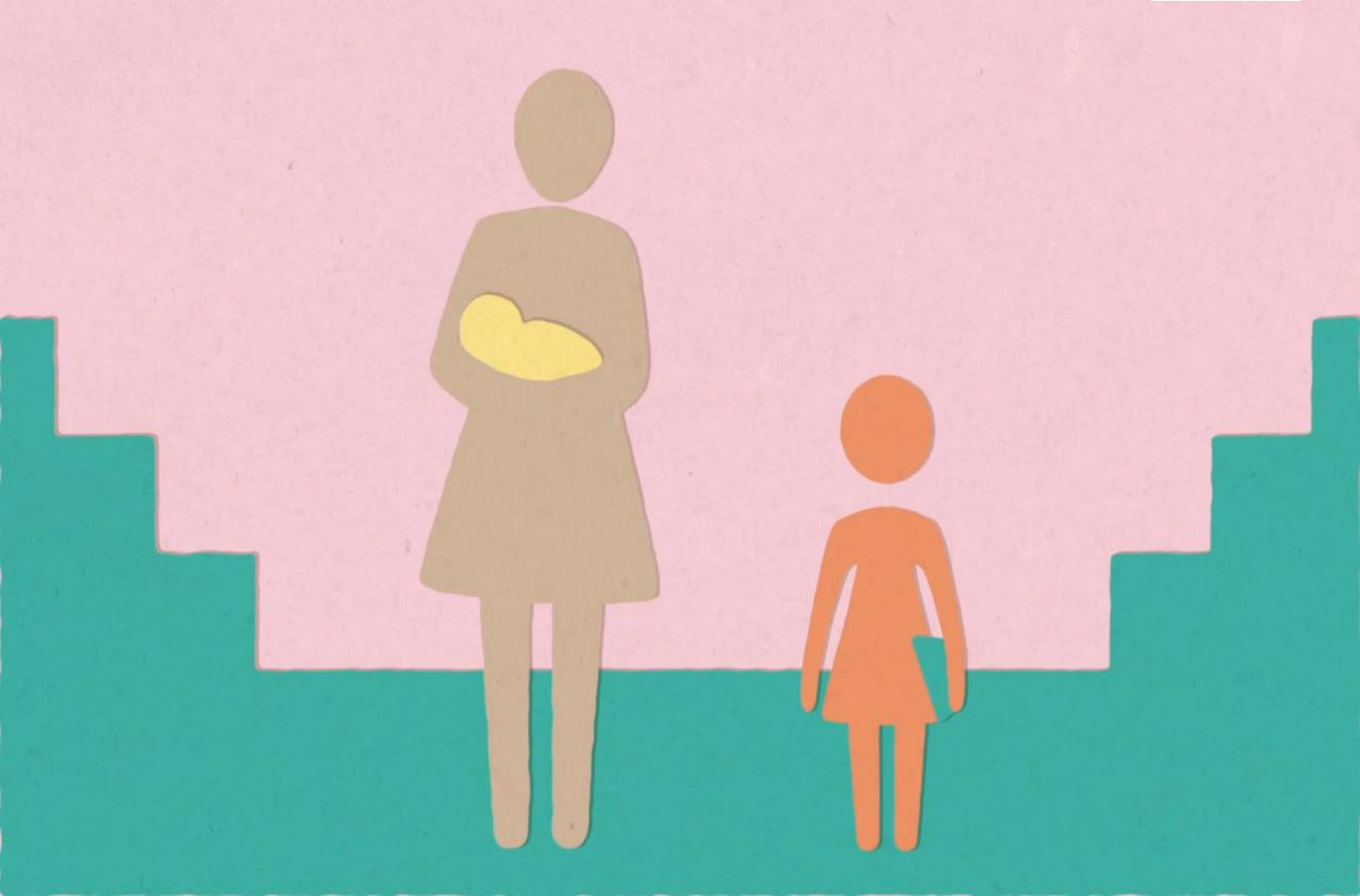
ORIENTATION TO THE NEW ROAD TO HEALTH BOOKLET AND THE SIDE- BY- SIDE CAMPAIGN

Private Providers workshop
Lentegeur Conference Room, 29 July 2019
Dr H Goeiman, Dr T Wessels

- To ensure that there is high quality training of healthcare personnel on the optimal utilization of the RTHB
- To encourage increased monitoring of the RTHB completeness so that it may be used effectively as a curative, preventative and promotive tool in monitoring child health.
- To introduce the National Department of Health's new campaign for children under age 5 – Side-by-Side. The new Road to Health book is a central part of this campaign.
- To reinforce the RTHB is an indispensable tool which aid for under-five child development and health.

Introduction

FIRST
1000 days
Right Start. Bright Future.



The Road To Health Booklet is central to the National Department of Health's under 5 Side- By- Side Campaign



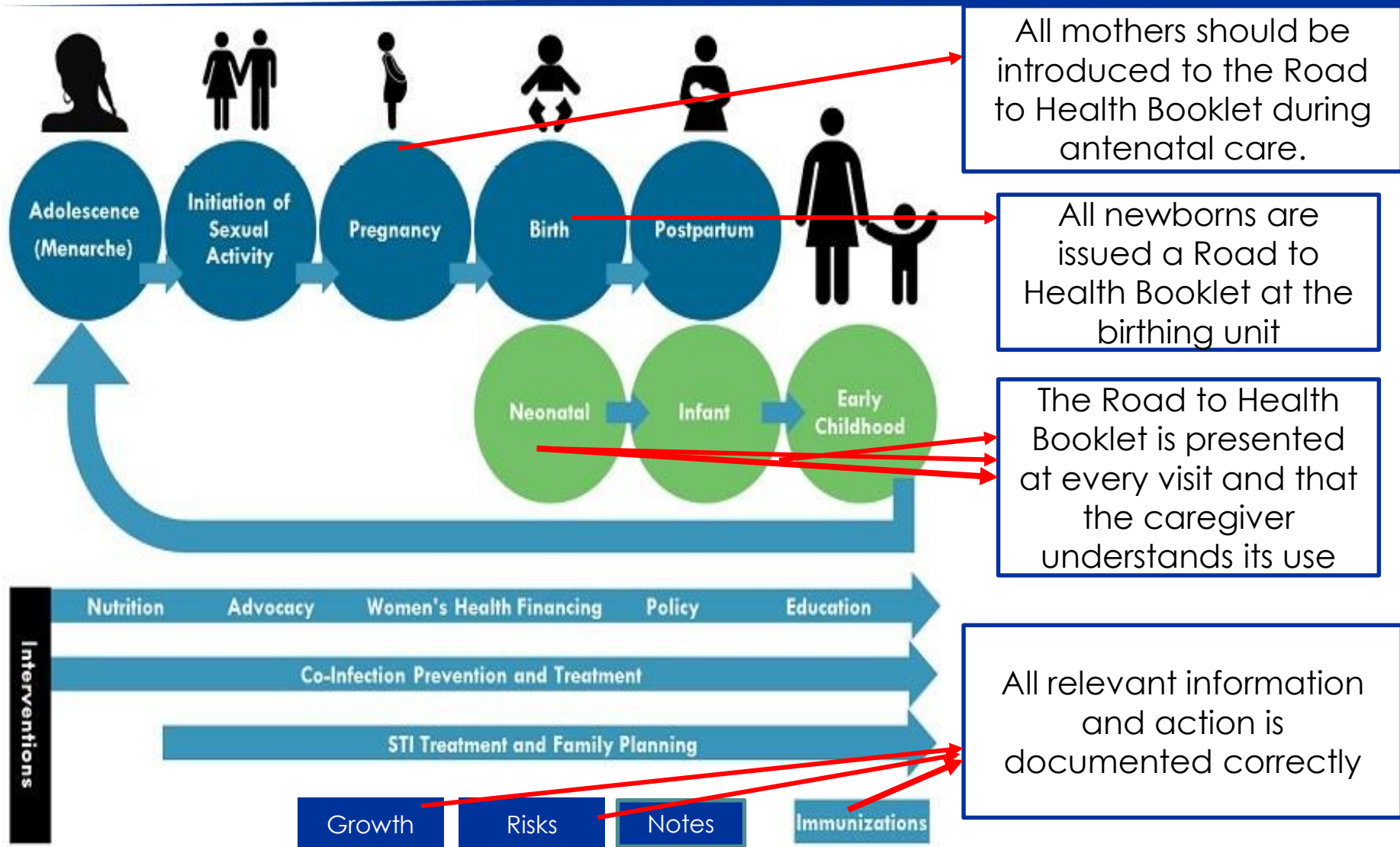
Side-by-Side describes the **supportive relationship** between a child and their caregiver, as well as relationship between all those who help and advise the caregiver.

Side-by-Side conveys **partnership and togetherness**, reminding us that it takes a village to raise a child.

Side-by-Side speaks to the child-rearing **journey** that caregivers embark on with their children, and all those who help them. The journey on the Road to Health is shared.



All Health Workers should work together to ensure that:



From the Old to the New

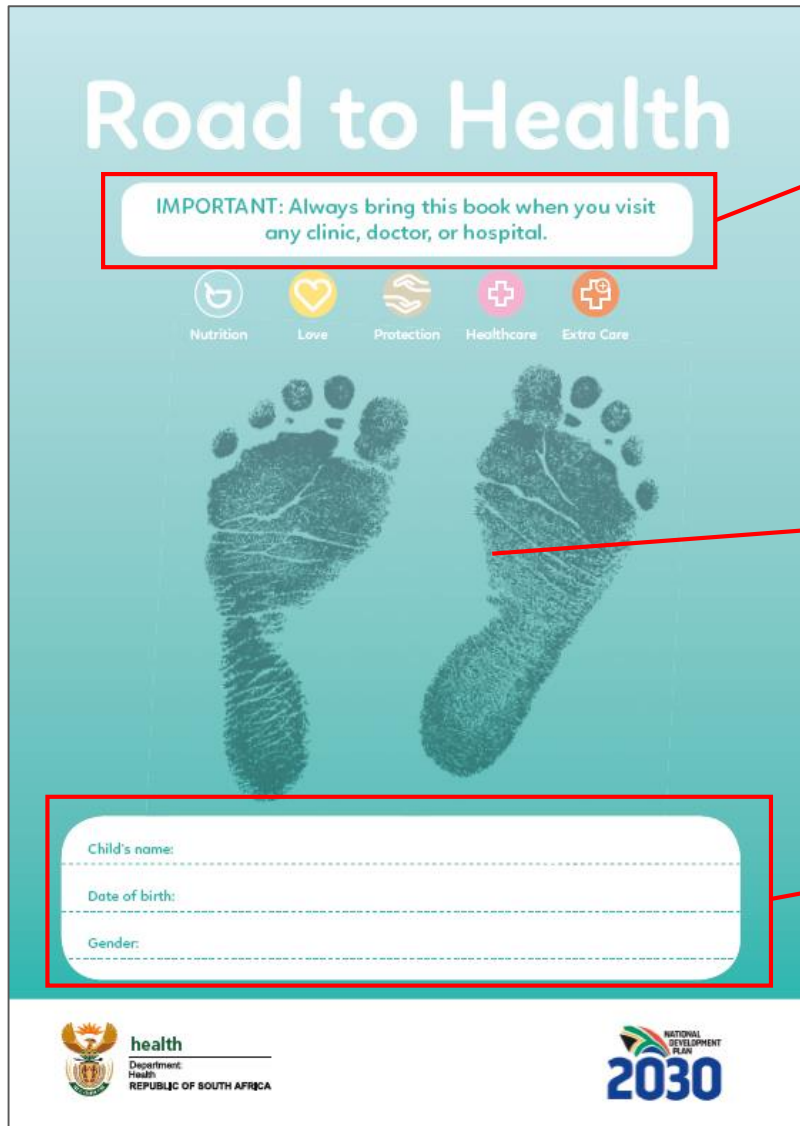


The new RtHB's approach is on "what do children need" rather than what the departments must offer.

It is more user-friendly

It incorporate critical development aspects that were missing in the previous version.

The front cover



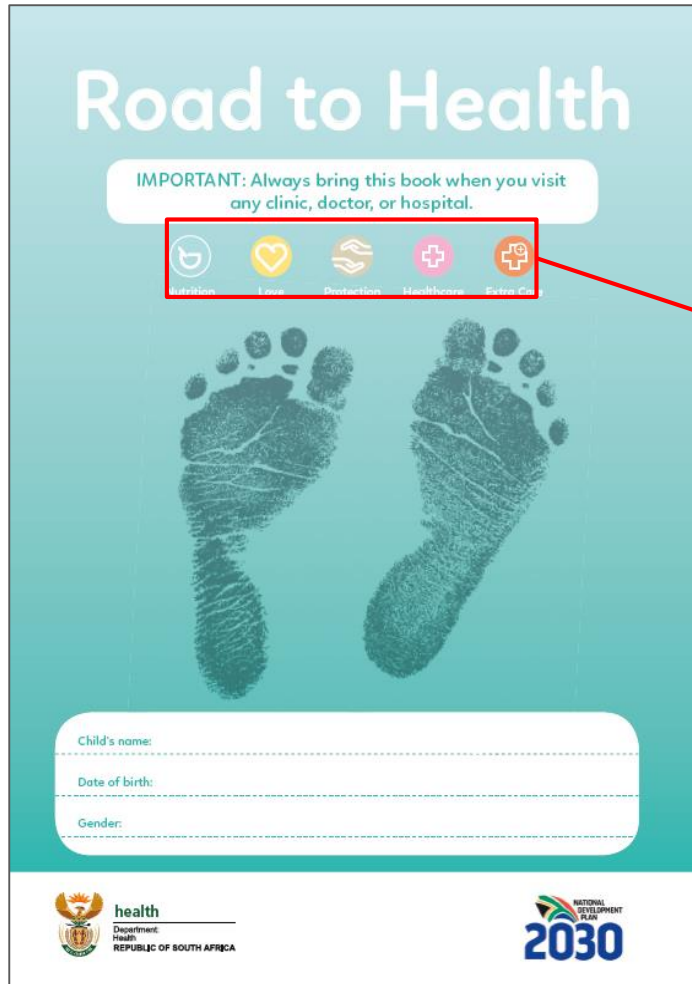
IMPORTANT: Always bring this book when you visit any clinic, doctor, or hospital.

Remind the caregiver to always bring the book along when visiting a health facility

Don't encourage the caregiver to cover the book in newspaper or paper.

The caregiver must record the child's personal details here.

The content is arranged in a more logical way around five themes:



These themes speak to the needs of children (as opposed to the services delivered by the health system).



The 5 themes of the Road to Health Booklet are what children need to develop



NUTRITION Good nutrition is important for you and your child to grow and be healthy. It starts with breastfeeding.



LOVE Your child learns from looking at you when you hold them close to you and love, play and talk to them.



PROTECTION Your child can be protected from disease and injury by getting immunised and by playing in safe places.



HEALTHCARE Your child needs help from you or a health worker when they are sick or injured.



EXTRA CARE Your child may need special care or support and knowing what to do and where to go will help both of you.

Ownership of the RTHB



Old RHT Book- PAGE 4



4

| DETAILS OF CHILD AND FAMILY (To be completed at birth) | |
|--|---|
| Child's first name and surname: _____ | |
| Child's ID number: | <input type="text"/> |
| Mother's ID number: | <input type="text"/> |
| 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) <input type="checkbox"/> | Reason(s) for death(s): |
| Number alive now <input type="checkbox"/> | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the mother need additional support to care for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any disability present (including birth defects?) <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: (Specify) |
| Stamp of facility and name and signature of official who issued booklet | |

New RTH Book- Inside Front Cover

This book is provided at birth by staff at the health facility. If birth takes place at home this book must be given the first time a health worker sees the baby.

This book is **FREE** to ALL BABIES in both public and private health care. It must be replaced for free if lost or damaged.

It is highlighted in this page that the RTHB is not a legal identification document.

This book belongs to:

Place a picture of your child here

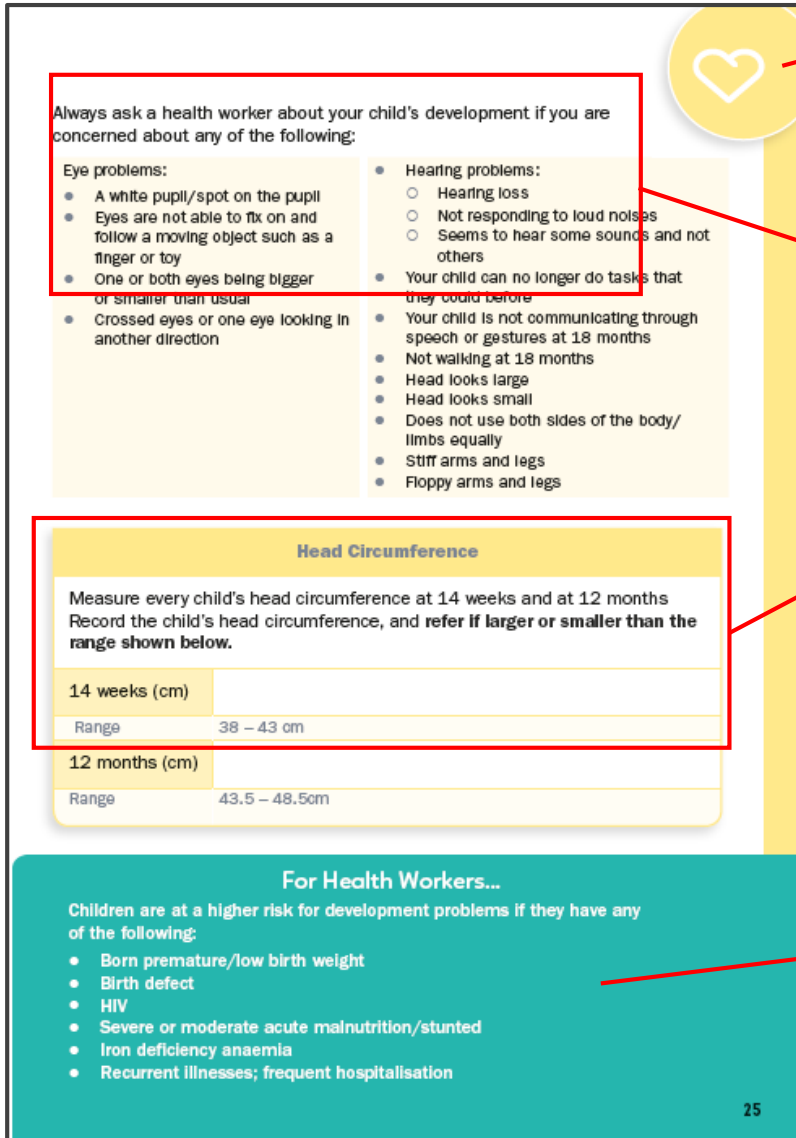
| | |
|---------------------------|---------------------------|
| CHILD'S NAME: | <input type="text"/> |
| CHILD'S SURNAME: | <input type="text"/> |
| DATE OF BIRTH: | Y Y Y Y . M M . D D |
| CHILD'S ID NUMBER: | <input type="text"/> |
| BIRTH WEIGHT: | GESTATIONAL AGE: |
| MOTHER'S NAME: | FATHER'S NAME: |
| MOTHER'S CONTACT DETAILS: | FATHER'S CONTACT DETAILS: |

This page also allows a caregiver to place or draw a picture of the child in the space provided. This is also not done for identification purposes.

Healthcare workers need to assist caregivers to record the child's and parents personal and contact details in the space provided.



The New Road to Health Booklet layout



Always ask a health worker about your child's development if you are concerned about any of the following:

Eye problems:

- A white pupil/spot on the pupil
- Eyes are not able to fix on and follow a moving object such as a finger or toy
- One or both eyes being bigger or smaller than usual
- Crossed eyes or one eye looking in another direction

Hearing problems:

- Hearing loss
- Not responding to loud noises
- Seems to hear some sounds and not others
- Your child can no longer do tasks that they could before
- Your child is not communicating through speech or gestures at 18 months
- Not walking at 18 months
- Head looks large
- Head looks small
- Does not use both sides of the body/limbs equally
- Stiff arms and legs
- Floppy arms and legs

Head Circumference

Measure every child's head circumference at 14 weeks and at 12 months. Record the child's head circumference, and refer if larger or smaller than the range shown below.

| 14 weeks (cm) | |
|---------------|------------|
| Range | 38 – 43 cm |

| 12 months (cm) | |
|----------------|---------------|
| Range | 43.5 – 48.5cm |

For Health Workers...

Children are at a higher risk for development problems if they have any of the following:

- Born premature/low birth weight
- Birth defect
- HIV
- Severe or moderate acute malnutrition/stunted
- Iron deficiency anaemia
- Recurrent illnesses; frequent hospitalisation

25


Every chapter is marked with the theme's icon and colour.

Each chapter includes messages for caregivers. Many caregivers will need your help to read and understand these messages.

Each chapter has blank spaces that must be completed by you – the healthcare worker.

Messages for you - the health care worker – are written in white on the blue/green background.

Introduction page (Page 1)



Side-by-Side[®]
on the road to health

This book is for you and your child's health worker. It gives you advice on how to raise a happy, healthy child. It is also a record of your child's growth and development, and is used by health workers to make sure that every child gets the care that they need at the right time.

For your child to grow and develop best he/she needs:

- 1 Good nutrition
- 2 Lots of love, playing and talking
- 3 Protection from disease and injury
- 4 Health care when they are sick or injured
- 5 Extra care and support if and when they need it

Read this book from cover to cover to learn how you can help your child grow and develop. Please keep this book in a safe place and take it with you every time that your child visits a clinic, hospital, doctor or other health facility.

Although information from this book may be requested by your child's preschool or school, it should always be kept in your care.

Ask the health worker about your child's health, growth and development at every visit. Speak to your health worker about any concerns.

| Contents | |
|-------------|----|
| Nutrition | 4 |
| Love | 22 |
| Protection | 26 |
| Health care | 30 |
| Extra care | 40 |

?

These are words that you may find difficult to understand. The meaning of these words are explained at the back of the book.

For health workers ...

- Make sure that every child has a Road to Health book. **If they do not have one make sure they are given one.**
- Always ask for the Road to Health booklet and encourage parents and caregivers to bring it with them every time they visit the clinic, doctor, hospital or any health facility.
- Complete all relevant sections of the booklet at each visit.
- Talk to caregivers about what you are doing and encourage them to ask questions and share any concerns.
- All mothers should be introduced to the booklet during antenatal care.

1

1. The Side by Side Icon acts as the theme of the under 5 child health campaign.

2. This page also covers the introduction to the 5 pillars in terms of what the needs of the child are.

3. The (**?** - red question mark) is used in the booklet to point to words that caregivers might find difficult to understand. These definitions of these terms are found on page 44 of the RTHB.

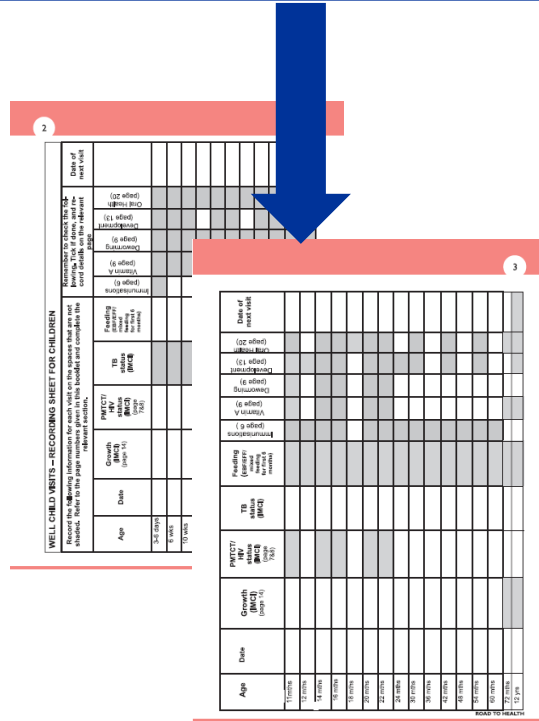
The bottom square appears in the number of pages in the document and highlights messages for healthcare workers. Health workers need to ensure that they adhere to these important instructions.

Summary of Clinic Visits (Page 2)



This page indicates services that should be offered to a child on scheduled dates. The **clinic visits are colour-coded** according to each of the five themes. Page numbers are also included to assist healthcare workers to find a relevant page for the section. **NB PAGE 41 NOT REFLECTED HERE**

Old RTH Book- Well Child Visit Recording Sheets (Pages 2 and 3)



| Age | Date | Feeding advice p4 | Growth monitoring p9 | Development p23 | Head circumference p25 | Immunisation p27 | Vitamin A p28 | Deworming p28 | Oral Health p29 | TB screen p40 | Consider HIV p40 | Next date |
|--------------------|------|-------------------|----------------------|-----------------|------------------------|------------------|---------------|---------------|-----------------|---------------|------------------|-----------|
| 3 - 6 days | | | | | | | | | | | | |
| 6 weeks | | | | | | | | | | | | |
| 10 weeks | | | | | | | | | | | | |
| 14 weeks | | | | | | | | | | | | |
| 4 months | | | | | | | | | | | | |
| 5 months | | | | | | | | | | | | |
| 6 months | | | | | | | | | | | | |
| 7 months | | | | | | | | | | | | |
| 8 months | | | | | | | | | | | | |
| 9 months | | | | | | | | | | | | |
| 10 months | | | | | | | | | | | | |
| 11 months | | | | | | | | | | | | |
| 12 months | | | | | | | | | | | | |
| 14 months | | | | | | | | | | | | |
| 16 months | | | | | | | | | | | | |
| 18 months | | | | | | | | | | | | |
| 20 months | | | | | | | | | | | | |
| 22 months | | | | | | | | | | | | |
| 2 years | | | | | | | | | | | | |
| 2 and a half years | | | | | | | | | | | | |
| 3 years | | | | | | | | | | | | |
| 3 and a half years | | | | | | | | | | | | |
| 4 years | | | | | | | | | | | | |
| 4 and a half years | | | | | | | | | | | | |
| 5 years | | | | | | | | | | | | |
| 6 years | | | | | | | | | | | | |
| 12 years | | | | | | | | | | | | |

tick once done
 Not in schedule

The date when a child visits and or return to the facility should be recorded, and the expected return date.

A darker square with a diagonal line means that the service is not in the schedule for that day.

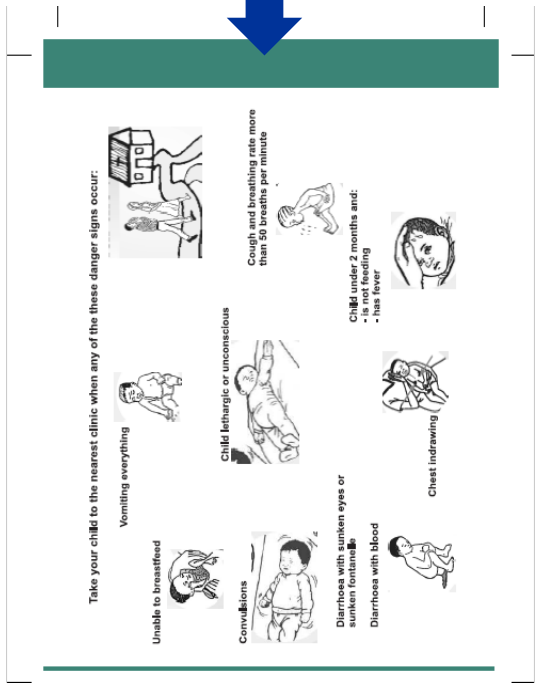


Danger Signs (Page 3 and outside back over)




This page highlights danger signs for caregivers that if they note that a child has any of these signs, they should immediately report to a health facility.

Danger Signs Old RTH Book-
Outside back cover



Danger signs!

Take your child to the nearest clinic if you see any of the following.

| | | |
|---|---|--|
|  Child is coughing and breathing fast (more than 50 breaths per minute) |  Child under 2 months old has a fever and is not feeding |  Child is vomiting everything |
|  Child has diarrhoea, sunken eyes, and a sunken fontanelle |  Child is shaking (convulsions) |  Child has signs of malnutrition (swollen ankles and feet) |
|  Child is not moving or does not wake up |  You are unable to breastfeed | |

3

The illustrated danger signs also appear on the outside back cover as on this page. This is in case caregivers cover the RTHB in paper cover which should be discouraged.

Words that are followed by this symbol are explained for the caregiver on page 44 in the RTHB

Pillar1:



Good nutrition to grow and be healthy



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This chapter has two icons:



Breastfeeding Icon



General Nutrition Icon

The chapter starts with detailed breastfeeding instructions. Exclusive breastfeeding forms the foundation of good nutrition.

The Departments of Health target is that at least half (50%) of infants 0 – 6 months are exclusively breastfed.



1. Good nutrition to grow and be healthy

Your child needs the right foods to be healthy and grow well. Ask the health worker if your child is growing well and tell them if you are worried about anything.

Birth to 6 months

- Breastfeeding is the best way to feed your baby. It is the ideal food for your baby to grow, develop and be healthy.
- Give your baby **ONLY** breast milk for the first six months of life. Do not give porridge, water or any other liquids. Do not give any other home or traditional medicines or remedies. Only give your baby medicines they receive from the clinic or hospital.
- Breastfeed as often as your baby wants, both day and night.
- Breastfeed your baby at least 8 times in 24 hours. The more your baby feeds the more milk you will produce. Almost all mothers will produce enough milk for their baby not to need anything else for the first six months.
- You can express breastmilk for other carers to give to your baby while you are away. They should use a clean cup, rather than a bottle. Store expressed breastmilk in a clean glass or plastic cup with a lid. Defrost in a fridge or at room temperature over 12 hours or by standing in water. Do not boil or microwave.
- It is best not to use bottles or artificial teats (dummies). Some babies find it difficult to suckle at the breast after using a dummy. Bottles are also difficult to clean and may have germs that can make your baby sick.
- If you are HIV-positive, remember to always take your HIV or antiretroviral treatment. This makes breastfeeding safe.
- Breastfeeding mothers should eat healthy food. They must not drink alcohol, smoke or take other harmful drugs.

How long to store expressed breastmilk?

| Temperature | Duration |
|---------------------------|---------------|
| Room temperature | Up to 8 hours |
| Fridge | Up to 6 days |
| Ice box freezer in fridge | 3 months |
| Deep freezer (-18°C) | 3-6 months |

Remember: Before you make the decision not to breastfeed, discuss the matter with a health worker. If you are really unable to breastfeed, you will need to learn how to use formula safely.

Why should I give only breastmilk during the first six months of life?

- Breastmilk contains all the nutrients your baby needs for the first 6 months of life.
- Baby's tummy (intestine/gut) is not yet ready for any other foods, water or other liquids before 6 months.
- Babies may get diarrhoea, constipation, infections and allergies if other foods, or other liquids – including water – are given before the baby is 6 months old.
- Breastmilk contains enough water to quench your baby's thirst during the first 6 months of life, even in hot weather.
- Breastmilk contains special properties that keep your baby healthy. Breastfeeding reduces the chance of your baby getting pneumonia and diarrhoea.
- Giving other foods before six months will cause you to produce less breastmilk and your baby will not get all the nutrients they need to grow and develop well.

For Health Workers...

- Babies only need breastmilk and nothing else during the first six months of life. This is called **exclusive breastfeeding**.
- Mothers need help to start breastfeeding immediately after birth.
- Mothers need support to continue breastfeeding successfully. Help them to get their baby to attach properly.
- Mothers who are not breastfeeding must be counselled on correct replacement feeding.

Detailed breastfeeding diagrams to aid healthcare workers to support breastfeeding mothers

The Department of Health encourages more breastfeeding and better complementary feeding to reduce acute malnutrition and stunting.

6 months to 5 years

| Your child's age | What foods to give | How much? |
|----------------------|--|--|
| 6 – 8 months | <p>Continue breastfeeding on demand. Breastfeed first, then give other foods.</p> <p>Your baby needs iron-rich foods (dried beans, egg, minced meat, boneless fish, chicken or chicken livers, ground moonga worms). These foods must be cooked and mashed to make them soft and easy for your baby to swallow.</p> <p>Also, give your baby:</p> <ul style="list-style-type: none"> Starches (such as fortified maize meal porridge, mashed sweet potatoes or mashed potatoes) Mashed, cooked vegetables (such as pumpkin, butternut, carrots) Soft fruit without pits (such as avocado, banana, papaya, cooked apple) <p>Give your baby clean and safe water to drink from a cup, regularly.</p> | <p>Start with 1 – 2 teaspoons, twice a day. Gradually increase the amount and frequency of feeds.</p> |
| 9 – 11 months | <p>Continue breastfeeding on demand. Breastfeed first, then give other foods.</p> <ul style="list-style-type: none"> Iron rich foods are very important for your baby's growth Increase the amount and variety (different kinds) of foods. Food doesn't need to be smooth as in the past months. Give your child small pieces of foods they can hold (bananas, bread, cooked carrots) Avoid small hard foods that may cause choking like peanuts. Give your baby safe water to drink from a cup, regularly | <ul style="list-style-type: none"> About a ¼ cup, then increase to half a cup by 12 months 5 small meals a day |

| Your child's age | What foods to give | How much? |
|--------------------------------|--|---|
| 12 months up to 5 years | <p>Continue breastfeeding as often as your child wants up to 2 years and beyond. Give food before breastmilk.</p> <ul style="list-style-type: none"> Give a variety (different kinds) of foods (from rich foods, starches, vegetables, fruits) Give foods rich in vitamin A (beet, spinach, pumpkin, yellow sweet potatoes, mango, paw-paw, full cream milk, maize) Give Vitamin C rich foods (oranges, nectarines, guavas, tomatoes) Cut up foods in small pieces so that your child can eat on their own Stay next to your child and encourage them to eat If not breastfeeding, you can start giving pasteurized full cream cow's milk/milk or yogurt. Follow up formula is not necessary Give your child clean, safe water to drink from a cup, during the day | <ul style="list-style-type: none"> About 1 full cup 5 small meals a day (A child has a small stomach, so they will not eat enough to last many hours) |

Remember:

- From the age of 6 months, give your baby clean, safe-to-drink water from a cup during the day. Boil the water and cool before you give it to your child.
- Always stay next to your child when they are eating.
- Keep food and cooking utensils very clean to prevent diarrhoea.
- Always wash your hands and your child's hands with soap and water before preparing food, before eating, and after using the toilet and changing nappies.
- It's not necessary to buy baby food or baby cereals. Homemade foods are good.
- Don't give your child Rooibos tea or any other tea, coffee, creamers, condensed milk, flour water, sugar water, and cold drinks. These foods and drinks do not contain any nutrients and will not help your child to grow.
- Avoid giving your child unhealthy foods like chips, sweets, sugar and fizzy drinks.
- Infant formula increases risk of your baby getting diarrhoea, allergies, and breathing problems.

Growth Charts (Page 11 – 20)



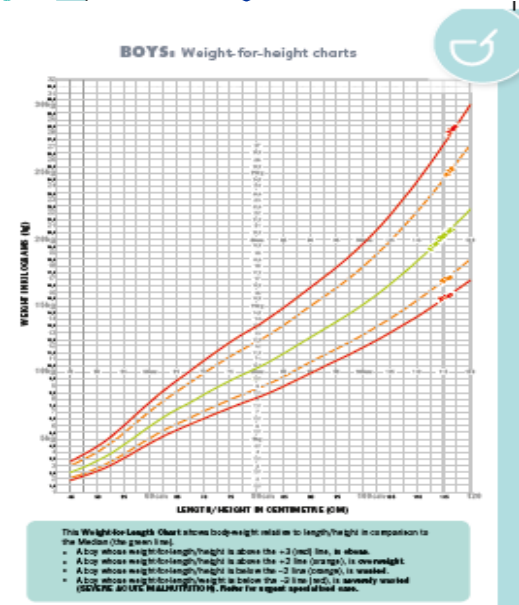
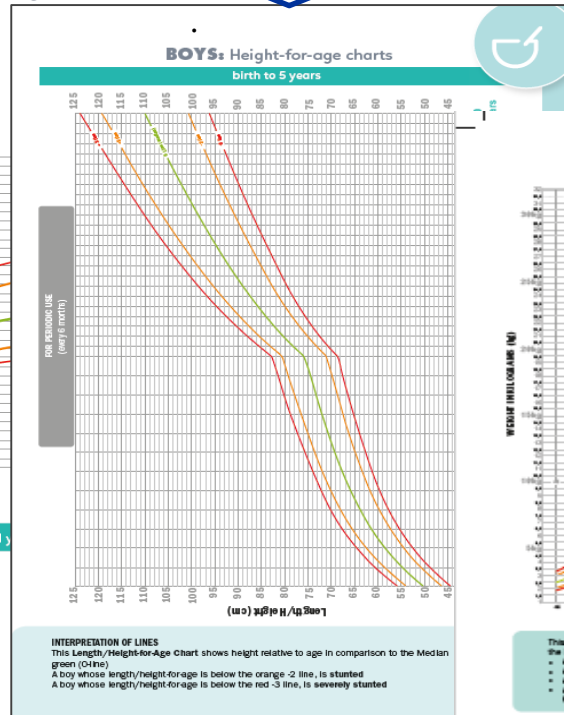
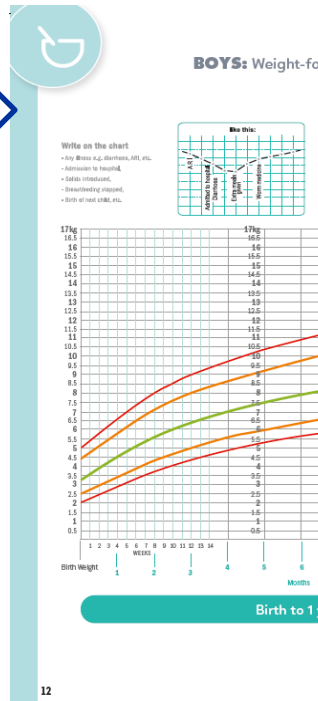
On page 11, the Growth Charts are introduced. **The booklet has both girls' and boys' charts.** There are **3 sets of charts** for each gender. It is important for health workers to plot on the correct charts.

The Weight for Age Chart is the most important chart to be plotted at every visit in the 1st years.

At year 2 the child growth can be monitored every second month if child is growing well.

Height for Age can be plotted every six months

Weight for height shows body weight relative to length/height



Pillar: 2



Love, play and talk for healthy
development



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Learning for children starts at ANC i.e. in the 1st 1000 days.

This is a critical period for child development.



This section once again emphasizes that caregivers are at the centre of their child's development.

Caregivers need to know that their children's brains develop very quickly during the first two years of life.

This text gives caregivers practical ideas and advice on simple actions they can take in the home to help their children develop.



2. Love, play and talk for healthy development

Young children need a safe environment and loving caregivers who can help them explore the world around them. Ordinary loving things that you do such as holding, talking, playing and reading to your child are what helps them grow and develop.



There are some basic things you can do to help your child to develop and learn:

- **Be there for your child.** You are the most important person in your child's life. All children want to feel safe, loved and cared for.
- **Bond with your child.** Keep your baby close to you as much as possible in the first weeks of life. This will help to calm them and help them to sleep, grow and feed well.
- **Be responsive.** Pay attention to your child's interests, emotions and their likes and dislikes and respond to them – this will help you to understand them better and to best meet your child's needs
- **Your baby learns from birth.** Hold, hug, sing, and talk to your baby, especially during feeding, bathing and dressing
- **Children learn through playing, exploring and interacting with others.** Give your child the chance to explore and play in a safe space and to play with clean household objects or toys.
- **Tell stories and read to your child.** Talk about the pictures, let them ask questions, allow them to tell you a story or what happened in the storybook as you go along.

22

FIRST
1000 days

Right Start. Bright Future.

Developmental screening (Page 23- 25)

Developmental screening should be done for every child. Therapist are encouraged to assist build capacity of health workers to do the developmental screening.

Old RTH Book-
Developmental Screening
Page 13



13

| 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 same things as other children of the same age? |
| 14 weeks Baby follows close objects with eyes | Baby responds to sound by stopping sucking, tilting 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 and interact with children and adults Able to draw a stick person |
| REFER Refer the child to the next level of care if child has not achieved the developmental milestones. Refer motor problem to Occupational Therapist/Physiotherapist and hearing and speech problem to Speech Therapist/Audiologist if you have the services at your facilities. | | |

ROAD TO HEALTH

| Developmental screening | | | | | |
|--------------------------------|---|---|---|--|--------------------|
| | Hearing/communication | Vision and adaptive | Cognitive/behaviour | Motor skills | Caregiver concerns |
| 6 weeks | | | | | |
| 10 weeks | | | | | |
| 14 weeks | <input type="checkbox"/> Startles to loud sounds | <input type="checkbox"/> Follows face or close objects with eyes | <input type="checkbox"/> Smiles at people | <input type="checkbox"/> Holds head upright when held against shoulder <input type="checkbox"/> Hands are open most of the time | |
| Date ___/___/___ Sign _____ | | | | | |
| 6 months | <input type="checkbox"/> Moves eyes or head in direction of sounds <input type="checkbox"/> Responds by making sounds when talked to | <input type="checkbox"/> Eyes move well together (no squint) <input type="checkbox"/> Recognises familiar faces <input type="checkbox"/> Looks at own hands | <input type="checkbox"/> Laughs aloud <input type="checkbox"/> Uses different cries or sounds to show hunger, tiredness, discomfort | <input type="checkbox"/> Grasps toy in each hand <input type="checkbox"/> Lifts head when lying on tummy | |
| Date ___/___/___ Sign _____ | | | | | |
| 9 months | <input type="checkbox"/> Babbles ('ma-ma', 'da-da') <input type="checkbox"/> Turns when called | <input type="checkbox"/> Eyes focus on far objects | <input type="checkbox"/> Throws, bangs toys/objects <input type="checkbox"/> Reacts when caregiver leaves, calms when she/he returns | <input type="checkbox"/> Sits without support <input type="checkbox"/> Moves objects from hand to hand | |
| Date ___/___/___ Sign _____ | | | | | |
| 12 months | <input type="checkbox"/> Uses simple gestures (e.g. lifts arms to be picked up) <input type="checkbox"/> Has one meaningful word (dada, mama) although <input type="checkbox"/> not be clear <input type="checkbox"/> Imitates different speech sounds | <input type="checkbox"/> Looks for toys/objects that disappear <input type="checkbox"/> Looks closely at toys/objects and pictures | <input type="checkbox"/> Imitates gestures (e.g. clapping hands) <input type="checkbox"/> Understands 'no' | <input type="checkbox"/> Stands with support <input type="checkbox"/> Picks up small objects with thumb and index finger | |
| Date ___/___/___ Sign _____ | | | | | |

For Health Workers...

AT EVERY VISIT: Ask the parents or caregiver if they have any specific concerns about how their child hears, sees, communicates, learns, behaves, interacts with others and uses their hands, arms, legs and body.

Tick the boxes above if the caregiver says that the child CAN do the following or if it was OBSERVED during the visit. Try to elicit the behaviour or movement if not observed through spontaneous play and interaction.

If the child can complete the task, tick the box . If the child cannot complete the task, cross the box . If you were unable to assess the task, indicate ND (not done) next to the relevant task.

23

| Hearing/communication | Vision and adaptive | Cognitive/behaviour | Motor skills |
|-----------------------|---------------------|---------------------|--------------|
|-----------------------|---------------------|---------------------|--------------|

There are now four domains that should be assessed:

1. Hearing/communication
2. Vision and adaptive
3. Cognitive/ behaviour (new)
4. Motor skills

You can record any caregiver concerns in this column.

The health care worker who does the screening must record the date and sign.

Instructions to the health worker

Healthcare workers should measure the child's head circumference at 14 weeks and at 12 months.

Head circumference tells us if the child's brain is growing or not. Refer if larger or smaller than the range shown in the table.

5

| IMMUNISATIONS | | | | | |
|-------------------|-----------|---------------|-------------|---------------------|-----------|
| Name and surname: | | | ID number: | | |
| Age group | Batch no. | Vaccine | Site | Date given dd/mm/yy | Signature |
| Birth | | BCG | Right arm | | |
| | | OPV0 | Oral | | |
| | | OPV1 | Oral | | |
| | | RV1 | Oral | | |
| 6 weeks | | DTaP-IPV/Hib1 | Left thigh | | |
| | | Hep B1 | Right thigh | | |
| | | PCV 1 | Right thigh | | |
| 10 weeks | | DTaP-IPV/Hib2 | Left thigh | | |
| | | Hep B2 | Right thigh | | |
| | | DTaP-IPV/Hib3 | Left thigh | | |
| | | Hep B3 | Right thigh | | |
| 14 weeks | | 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 | | |



Old RTH book- Measuring head circumference- Page 5 (at the bottom of the Immunization Page)

Always ask a health worker about your child's development if you are concerned about any of the following:

Eye problems:

- A white pupil/spot on the pupil
- Eyes are not able to fix on and follow a moving object such as a finger or toy
- One or both eyes being bigger or smaller than usual
- Crossed eyes or one eye looking in another direction

Hearing problems:

- Hearing loss
- Not responding to loud noises
- Seems to hear some sounds and not others
- Your child can no longer do tasks that they could before
- Your child is not communicating through speech or gestures at 18 months
- Not walking at 18 months
- Head looks large
- Head looks small
- Does not use both sides of the body/limbs equally
- Stiff arms and legs
- Floppy arms and legs

Head Circumference

Measure every child's head circumference at 14 weeks and at 12 months. Record the child's head circumference, and refer if larger or smaller than the range shown below.

| | |
|----------------|---------------|
| 14 weeks (cm) | |
| Range | 38 – 43 cm |
| 12 months (cm) | |
| Range | 43.5 – 48.5cm |

For Health Workers...

Children are at a higher risk for development problems if they have any of the following:

- Born premature/low birth weight
- Birth defect
- HIV
- Severe or moderate acute malnutrition/stunted
- Iron deficiency anaemia
- Recurrent illnesses; frequent hospitalisation

Pillar: 3



Protection from preventable childhood
diseases and injuries



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Vitamin A and Deworming (Page 28)

Old RTH Book –
Page 9

Additional Vit A doses for conditions such as measles, severe malnutrition, xerophthalmia and persistent diarrhea was previously documented in the old RTHB on the same page. In the NRTHB it will need to be documented in the **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. State 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 | / / | | | | | |

Vitamin A

Deworming

Vitamin A and deworming doses

| | Vitamin A | Date | Signature | Mebendazole | Date | Signature |
|--|-----------|-------------|---------------------------|---------------------|-------------|-----------|
| 6 months | 100 000IU | | | | | |
| 12 months | 200 000IU | | | 100mg bd for 3 days | | |
| 18 months | 200 000IU | | | 100mg bd for 3 days | | |
| Starting from 24 months, every child should receive Vitamin A and mebendazole every six months (up to 5 years of age). Record when these doses are given, and the return date below. | | | | | | |
| Vitamin A (200 000IU) | | | Mebendazole (500 mg stat) | | | |
| Date | Signature | Return date | Date | Signature | Return date | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Protect your child's teeth

- Use a small, clean cloth to clean your baby's gums before the first teeth appear.
- Start to clean your baby's teeth as soon as the first tooth comes through.
- Once teeth appear, use a small, soft toothbrush with a small fingernail sized amount of child toothpaste to brush teeth.
- Brush teeth and along the gum line twice a day; in the morning and at night before bed.
- Discourage the giving of sugary snacks and drinks.
- Look in your child's mouth regularly to spot early signs of tooth decay and consult a dentist or other health worker if you notice anything abnormal.
- Never put your baby to sleep with a feeding bottle (remember that breastfeeding or cup-feeding is always better than bottle-feeding).

Pillar: 4



Health care for sick children



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4. Health care for sick children

Children need health care when they are sick. Look out for the danger signs listed below. Take your child to the nearest clinic immediately if you see any of the listed signs.

- If your child is sick and is not able to drink or breastfeed, vomits everything or has convulsions (shakes) they should be taken to the clinic or hospital immediately.
- Young babies (especially those less than two months) can become very sick very quickly. If your young baby is not feeding properly or has a fever, take them to the clinic immediately.
- If your child has diarrhoea (loose stools) you should give them a Sugar Salt Solution (SSS) to drink after each stool.
- If your child has diarrhoea or is drinking poorly or has eyes that look sunken or blood in the stool, take them to the clinic immediately.
- If your child has a cough or cold and has fast or difficult breathing they should be taken to the clinic immediately.

How to use a sugar-salt solution for children with diarrhoea



- Give a sugar-salt solution (SSS) in addition to feeds.
- Give SSS after each loose stool, using frequent small sips from a cup.
 - Half a cup for children under 2 years.
 - 1 cup for children 2 – 5 years.
- If your child vomits, wait 10 minutes then continue, but more slowly.
- If your child wants more than suggested, give more.
- Continue feeding your child.



Healthcare icon

This page contains messages to the caregiver about danger signs to look out for in sick children.

Instructions to the caregiver on how to use a sugar-salt solution for children with diarrhoea.

This page is followed by pages to record:

- General clinical notes
- Referral and follow-up record
- Hospital admission record
- Long-term health conditions
- Antenatal, birth and newborn history record
- Any screening and test results

Old RTHB- PMTCT/HIV dedicated pages 7 and 8

8

Fill in this section if infant is **exposed**

6 week visit

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

HIV PCR test done? Yes No Allix Affix barcode sticker

Date: _____

Cotrimoxazole _____

Infant feeding _____

Has the child received HIV counseling? Yes No

Stop Nevirapine feeding. If no _____

10 week visit

PCR result _____

Post test coun _____

Referred for ART _____

Cotrimoxazole _____

Has child received HIV counseling? Yes No

Encour _____

Retest HIV ne _____

An HIV exp _____

Repeat PCR to _____

Date: _____

Post test coun _____

Referred for ART _____

Cotrimoxazole _____

Has child received HIV counseling? Yes No

Tick if there is _____

7

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 < 4 weeks > 4 weeks Before at time of delivery

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 $\geq 6/52$

There is no longer an HIV page.

Page 38

Antenatal, birth and newborn history

| | | | |
|----------------------------------|----------------------------------|--|--------------------|
| Birth Weight | | Length at Birth | |
| Head Circumference at birth | | Gestational Age (weeks) | |
| Breastfeeding | HIV exposure | Prenatal prophylaxis | Infant prophylaxis |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Duration | Duration |
| No <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Unknown <input type="checkbox"/> | Unknown <input type="checkbox"/> | If PCR test done, place sticker on pg 39 also record follow-up tests on pg 39. | |
| APGARS | 1 min | 5 min | |
| Antenatal History | | | |
| Mother's RPR result | | Rh factor | |
| Antenatal (Maternal history) | | Intrapartum history (including mode of delivery) | |

Record other information on HIV (e.g. tests and results)

Pg. 39

Screening and test results

| Date | Result | Action (Including date for repeat test) |
|------|--------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Record whether or not the child was HIV-exposed, as well as prenatal prophylaxis (ART mother received) and infant prophylaxis in the Antenatal, birth and newborn history on page 38.

Pillar: 5



Special care for children who need a little help



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Special Care for children who need a little help (Pillar 5: Page 40 – 43)



5. Special care for children who need a little more help

Your baby's development, growth and health depends on so much more than just good health care. It depends on the daily care and protection you and your family provide to your baby from the moment that he or she is born (and in fact from when your baby is still in the womb and even before your baby was conceived).

HIV – If you are HIV positive, make sure that you get the treatment that you and your baby need to stay healthy. If you are unsure of your status, ask the health worker for HIV counselling and testing for you and your baby.

TB – TB is common. Tell the nurse at the clinic if you have a cough lasting longer than two weeks, weight loss or night sweats, or if there is someone in your household with TB. If there is, your baby should receive medicine to prevent TB for six months.

Serious Injuries – Many serious injuries can be prevented if you look after your child carefully and keep their environment safe.

Supervision – Your child should not be left alone, unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.

Disability – Children with mental and physical disabilities need extra care. If your baby has a disability you will need support with caring for and protecting your baby. Tell your health worker and they will refer you to a social worker for parenting support. It is good to join a support group so you can share your experiences.



40



For health workers:

This table incorporates key social risks for children. Complete this table at the 6 or 14 week visit.

| Are social risk factors present? | Notes (Include details of risk, referral and/or extra care provided) |
|---|--|
| Child has a birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Mother has died or is ill <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Teenage parent or caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Child receives a child support grant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Child receives a care dependency grant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Child receives a foster care grant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |

This list of social risks was included to assist Community Healthcare Workers to identify children who many need extra care.

A list of useful contact numbers on the inside back cover of the book has also been included. This is shown below:

| | |
|--|--|
| Mother has died or is ill <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Teenage parent or caregiver <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |

Birth registration and identity documents

Home Affairs Toll Free helpline 0800 601 190

Child protection and safety

Police emergency number 10111

Childline toll free 0800 055 555
0800 123 321

Grants


SASSA Toll Free helpline 0800 601 011
0800 600 160

Health services
- Pg45



Risks to your child's development

There are some home circumstances that create a risk to the health and wellbeing of your child. This is because they may limit your ability to care for, and protect your child. If you are experiencing any of the following circumstances, tell your community health worker, nurse or doctor and they will give you advice and refer you to the right support-provider.

- If you are a teen mother or a grandparent looking after a young child it is important to tell your health worker so that they can refer you for extra support if you need it.
- If you are exposed to violence or abuse in your home, you must let your health worker know. They can refer you to a social worker and the police if necessary to protect you and your baby from physical harm.
- If you or your partner, use drugs or alcohol, this is a risk to your baby. Tell your health worker so that they can refer you for support.
- If you are feeling that you are not coping, you are stressed or have been sad for a long period of time (depressed) , talk to your health worker so that they can advise you on what to do or refer you for extra care and support.

What we want to achieve side by side is:

For children to receive nurturing care and protection to enable them to reach their full health, educational and earning potential.

For Caregivers to understand the full scope of care required during the critical early childhood period and their role in providing this.

For Health workers to have a bigger role to play in early childhood development. They should not only ensure that children survive – they also need to ensure that children thrive.

For Caregivers and Health workers to embrace the potential of health partnership in the early childhood development journey. They share the responsibility for the child's wellbeing.

For Communities to provide a source of support for children because it takes a village to raise a child.



Better documentation of health status and risk factors, appropriate interpretation thereof and immediate action could reduce child morbidity and mortality.

Healthcare personnel need to be vigilant for risk factors in order to provide comprehensive, relevant child healthcare

Accurate record-keeping is important for continuity and quality of care.

Healthcare personnel are prompted to utilize the RTHB optimally to improve continuity and quality of child healthcare.

The more comprehensive integrated RTHB and side by side campaign offers a chance to improve documentation, reduce missed opportunities, encourages and prompts joint vigilance and responsiveness to child and parental healthcare needs

Caregiver and Health workers are equal partners in the early childhood development journey



Side by Side.... Improving child health in South Africa to ensure that children survive and thrive!



Road to Health



Contact Us



Western Cape
Government

BETTER TOGETHER.

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