

Republic of Kenya – Ministry of Health



Child Welfare Clinic (CWC) Register MOH 511

County:			
Sub-County:			
Health Facility:			
KMHFL CODE:			
Type:		Man. Agency:	
Start date:		End date:	
			<i>Edition: April 2019</i>

MOH 511_CWC_Guidelines

The register is used at the MCH for clients/children less than 5yrs (0 - 59 Months) who attend Child Welfare Clinic (CWC)

This register is kept SEPARATE from Permanent EPI register

COLUMN	TITLE	DATA DEFINITIONS / EXPLANATIONS
A	Serial Number	Record a serial number for all the children attending the CWC
B	Date	Record the date the child visits your health facility either as a new client or a re-visit (recorded as DD:MM:YYYY)
C	CWC No (New Visit)	Record CWC No. The child Welfare Clinic number that will be given to New clients only visiting any Health Facility for the FIRST TIME. It is usually given once for the child and it should be
D	CWC No. (Revisit)	
E	BIRTH NOTIFICATION (NUMBER)	Indicate the Birth Notification Number of the Child
F	Full Names	Record at least THREE names of the CHILD
G	Age	Record the actual stated age of the client expressed in figures/ numbers. Age here must be indicated in years, months, weeks or days e.g. 2 years 4 months, (two years and four months) or 2 4/12 years and NOT 'C'-Child.
H	Sex	This should be recorded as M for male and F for female
I	County/Sub county	This refers to client's residential Sub-County within the same county or indicate name of county of if client comes from another county
J	Village / Estate / Landmark	This refers to client's residential village / estate/ any physical landmark
K	Telephone number	Telephone numbers for the parent/ guardian or closest person should be written in this column to enable tracing or follow-ups
L	Weight in Kgs	Record the Weight in Kilograms after growth monitoring and indicate the same on the Mother-Child booklet/ hand book
M	Weight categories	Record Weight categories using codes as follows: 1. Normal,2=Underweight, 3= Severe Underweight, 4= Overweight and 5=Obese
N	Height/Length in centimeters	Record the Height length/ in cm after growth monitoring and indicate the same on the Mother-Child Booklet/hand book
O	Height/Length categories	Record according to growth monitoring chart using the coding (1= Normal, 2=Stunted; 3= Sev. Stunted)
P	MUAC -Mid Upper Arm Circumference	Record the colour of the MUAC (1=green, 2= Yellow, 3=Red)
Q	Exclusive Breastfeeding (0-<6 months) (Y/N)	Only for children less than 6 months- Record 'Y' for Yes if the child is being exclusively Breastfed or 'N' for No' if they were not. For older than 6 months indicate N/A - Not applicable
R	Vit A Supplementation (6-59 months)	Record CODE 1=6-11month AND 2=12-59 months for children given VA supplement & 3=Not supplemented
S	Dewormed (12-59 MONTHS) (Y/N)	Record 'Y' for Yes if the child was dewormed during this visit or 'N' for No' if they were not
T	MNPs Supplementation (6-23 children) (Y/N)	Record 'Y' for Yes if the child aged 6-23 months was Issued with Multiple MicroNutrient Powders(MNPs)during this visit or 'N' for No' if they were not
U	Childs assessed for Developmental milestones	Indicate the status of the child's developmental milestones. 1= Head control, 2= sitting, =3 talking, – refer to IMNCI/Mother child handbook
V	Any Danger signs this visit	Any danger signs:- The Health Worker should indicate any danger signs identified such as: 1.=Unable to breastfeed 2= Unable to drink,3=Vomits everything 4.=Bloody Diarrhoea, 5= has oedema, 6=Has convulsions
W	Any Disability/Congenital deformities	Record if the child has any disability/deformities observed during this visit indicate 1=Disability ; 2=None
X	Immunization Status Up to Date (Y/N)	Indicate the immunization status as captured in the mother child handbook. Record Yes (Y) for a child whose immunization is up-to-date and 'N' if not up-to-date.
Y	LLIN given to Under years 1 (Y/N)	Indicate the Under 1 years given LLIN (Y/N)
Z	Type of Follow-up	Follow up for: 1= Nutrition services 2= Rehabilitation services
AA	Referrals from:	If client was referred to this facility, record as per provided codes: Referral from: 1=Referred from CU; 2=Referred from another HF; 3= Not applicable
AB	Referrals to:	Referral to: 1= Referred to CU; 2 =Referred to another HF; 3=Not applicable
AC	Reason for referral ...specify	Any comments for the individual Child e.g. for follow-up or Case Management
AD	Remarks	Record any other key related variable

