MINISTRY OF HEALTH AND CHILD WELFARE

CHILD HEALTH CARD

ZIMBABWE

GOOD INFANT FEEDING PRACTICE

Give breast milk only for the first 6 months.

Introduce solids and liquids from 6 months.

Continue breast feeding up to 24 months or beyond unless counseled otherwise by a health worker.

KUDYA KWAKANAKA KWEMWANA

Ipai mwana mukaka wezamu chete pamwedzi mitanhatu yekutanga.

Ipai kumwe kudya kana kunwa kubva pamwedzi mitanhatu.

Rambai muchiyamwisa kusvika pamakore maviri kana kudarika kunze kwekuti makurukura neveutano.

INDLELA ELUNGILEYO YOKONDLA UMNTWANA

Nika umntwana uchago lwebele lodwa kunyanga eziyisithupha zokuqala zokuzalwa.

Qalisa ukunika umntwana okunye ukudla lokunathwayo nxa eselenyanga eziyisithupha.

Qhubeka umunyisa umntwana aze abe leminyaka emibili kusiyaphambili, ngaphandle uxwayiswe ngabezempilakahle.

NAME(S) OF CHILD:	
SURNAME OF CHILD:	
SEX: Boy DATE OF BIRTH:	
PLACE OF BIRTH:	
HEALTH CENTRE:	
PHYSICAL ADDRESS:	
FULL NAME OF MOTHER:	
FULL NAME OF FATHER:	

MOHCW 2012 version

For more information visit your nearest health facility

SALT AND SUGAR SOLUTION (SSS)

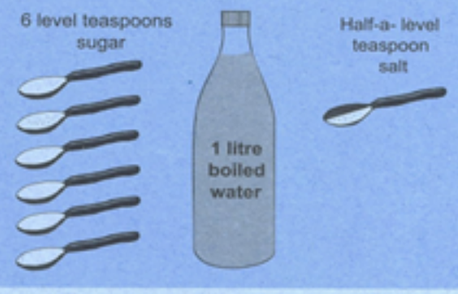
Give this SOLUTION as often as possible in case of DIARRHOEA and continue feeding and breastfeeding. **Take the child to the health facility for further assessment**.

MVURA INE MUNYU NESHUGA

Ipai mwana MVURA iyi nguva dzose kana ane MANYOKA moramba muchimupa zvokudya nekumuyamwisa. **Endesai mwana uyu kuchipatara anoongororwa.**

AMANZI ALE TSWAYI LETSHUKELA

Nika umntwana AMANZI la ALETSWAYI LETSHUKELA sikhati sonke uma ele SIHUDO, njalo uqhubeke umupha ukudla kanye lokumunyisa. **Hambisa umntwana esibhedlela ukuba ayehlolwa**.



NOTES

INFANT FEEDING

Breastfeeding initiated within one hour of delivery *(Tick appropriate box)* YES☐ NO☐

Follow up time YES☐ NO☐	Birth	6W	10W	14W	5M
Breast milk only					
If not exclusive breast feeding indicate what else is given					

Follow up time	6M	7M	8M	9M	10M	11M	12M	13M	14M	15M
Complementary foods										
Breastfeeding Continues										
Food groups given / day										
No. of meals/day										

Follow up time	16M	17M	18M	19M	20M	21M	22M	23M	24M
Complementary foods									
Breastfeeding Continues									
Food groups given / day									
No. of meals/day									

CARE

Is the mother on ART *(Tick appropriate box)* YES☐ NO☐

ARV prophylaxis given at birth *(Tick appropriate box)* YES☐ NO☐ N/A☐

If yes, specify the ARV prophylaxis; _____

Enter initials of the ARV prophylaxis supplied e.g NVP

HIV Test	Type of test used	Date test done	Test number	Test Result (Code 0/1)	Date Referred for ART	Date initiated on ART
Initial test						
Repeat at 6 weeks or more after stopping Breastfeeding						

Follow up time	6W	10W	14W	5M	6M	7M	8M	9M	10M	11M	12M
ARV supplied											
CTX supplied											

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ARV supplied											
CTX supplied											

CARE COMMENTS:

VACCINATION SCHEDULE

	AGE	VACCINATIONS
PRIMARY COURSE	BIRTH / FIRST CONTACT	BCG
	6 WEEKS	PENTAVALENT 1,OPV 1, PNEUMOCOCCAL 1, ROTAVIRUS 1
	10 WEEKS	PENTAVALENT 2, OPV 2, PNEUMOCOCCAL 2, ROTAVIRUS 2
	14 WEEKS	PENTAVALENT 3, OPV 3, PNEUMOCOCCAL 3
	9 MONTHS	MEASLES
BOOSTERS	18 MONTHS	DTP AND OPV

VACCINATION RECORD

VACCINE	DOSE 1	2	3	4
ENTER DATE GIVEN AND BATCH NUMBER				
BCG				
OPV				
PENTAVALENT				
PNEUMOCOCCAL				
ROTAVIRUS				
MEASLES				
DTP BOOSTER				
DT				

VITAMIN A SUPPLEMENTATION SCHEDULE

	AGE IN MONTHS				
	6 - 11	12 - 23	24 - 35	36 - 47	48 - 59
PERIOD DOSE GIVEN	ENTER DATE GIVEN AND BATCH NUMBER				
Jan - June					
July - Dec					

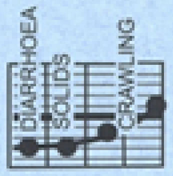
Give First dose at 6 months and thereafter a dose every 6 months up to 5 years of age.

GROWTH AND DEVELOPMENT CHART

DATE OF BIRTH................................
DURATION OF LABOUR...................
MODE OF DELIVERY.........................
APGAR SCORE.................................
HEAD CIRCUMFERENCE.................
BIRTH LENGTH.................................
BIRTH WEIGHT..................................

RECORD ON THE W/H CHART
CHILDHOOD ILLNESSES eg *diarrhoea*
SOLIDS INTRODUCTION;
CRAWLING; TALKING;
BREASTFEEDING STOPPED;
BIRTH OF NEXT CHILD;
HOSPITAL ADMISSION;
DEATH OF MOTHER

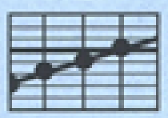
LIKE THIS



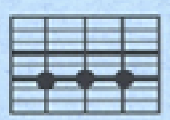
AT RISK FACTORS (Write Yes or No)

BIRTH WEIGHT LESS THAN 2.5 Kgs	
FIFTH CHILD OR MORE	
MULTIPLE BIRTHS	
MTCT	
BIRTH INTERVALS LESS THAN 2 YEARS	
SINGLE PARENT	
MATERNAL DEATH	
SEVERE JAUNDICE	
BIRTH ASPHYXIA	
DEATH OF ANY CHILD UNDER 5 IN FAMILY	

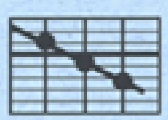
Watch the direction of the line showing the child's growth



GOOD
Means the child is growing well

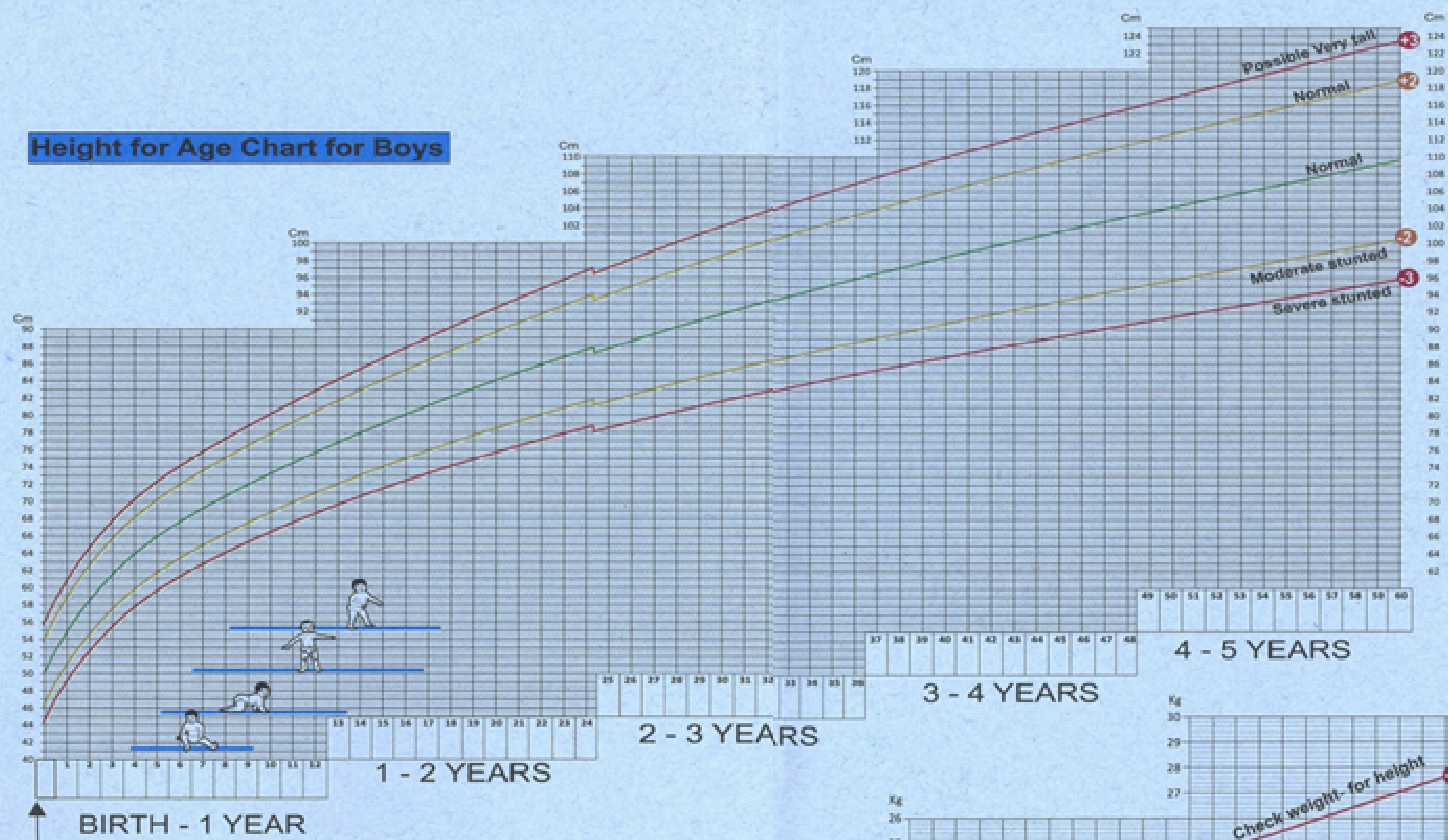


DANGER
Find out why and counsel



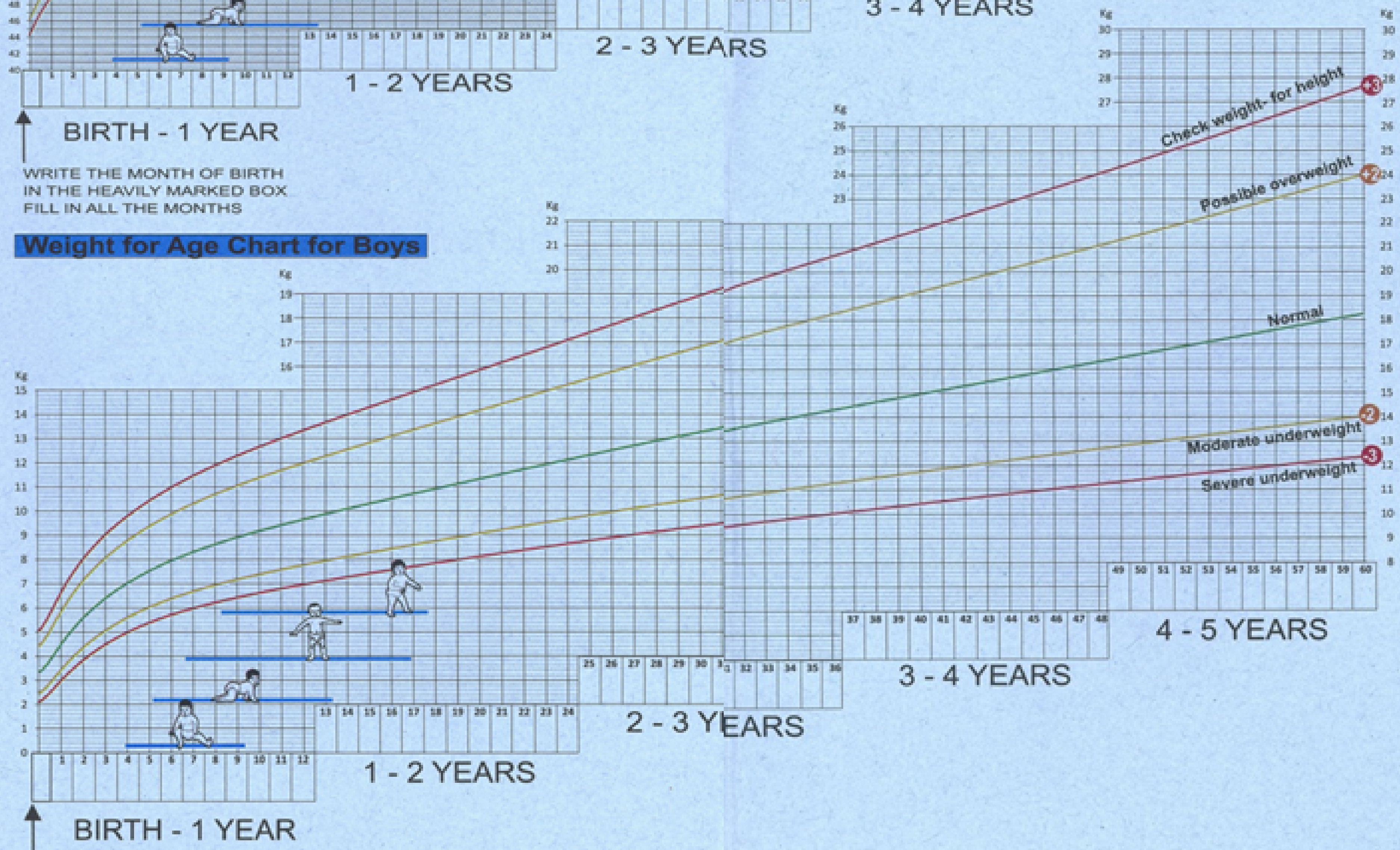
VERY DANGEROUS
May be ill. Needs extra care

Height for Age Chart for Boys



WRITE THE MONTH OF BIRTH
IN THE HEAVILY MARKED BOX
FILL IN ALL THE MONTHS

Weight for Age Chart for Boys



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DATE	WEIGHT (Kg)	HEIGHT (CM)	MUAC (CM)

* No MUAC for babies less than six months

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SURNAME OF CHILD:	
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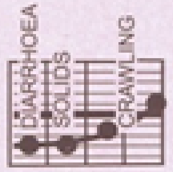

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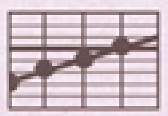

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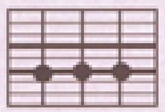

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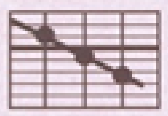

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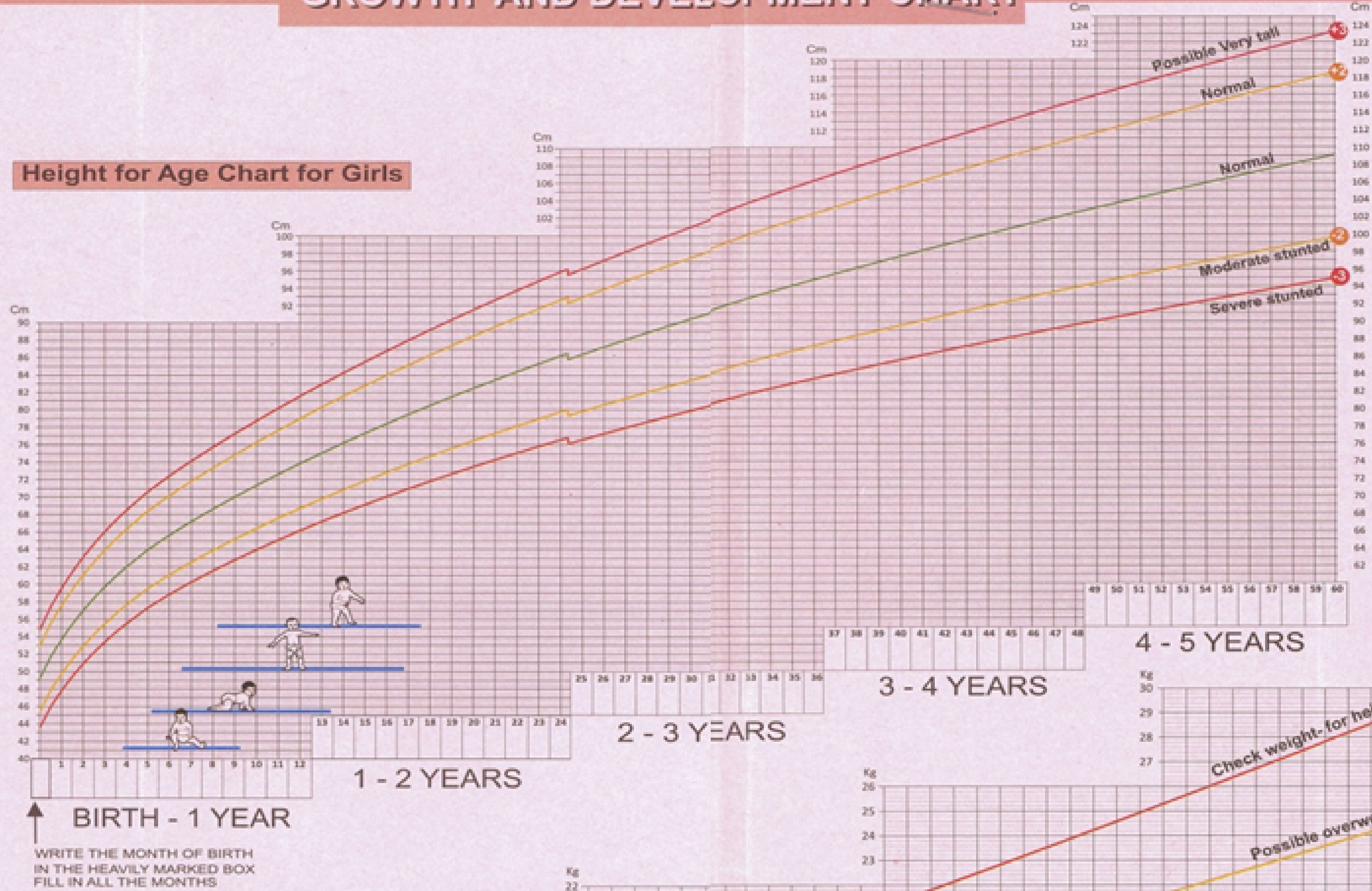

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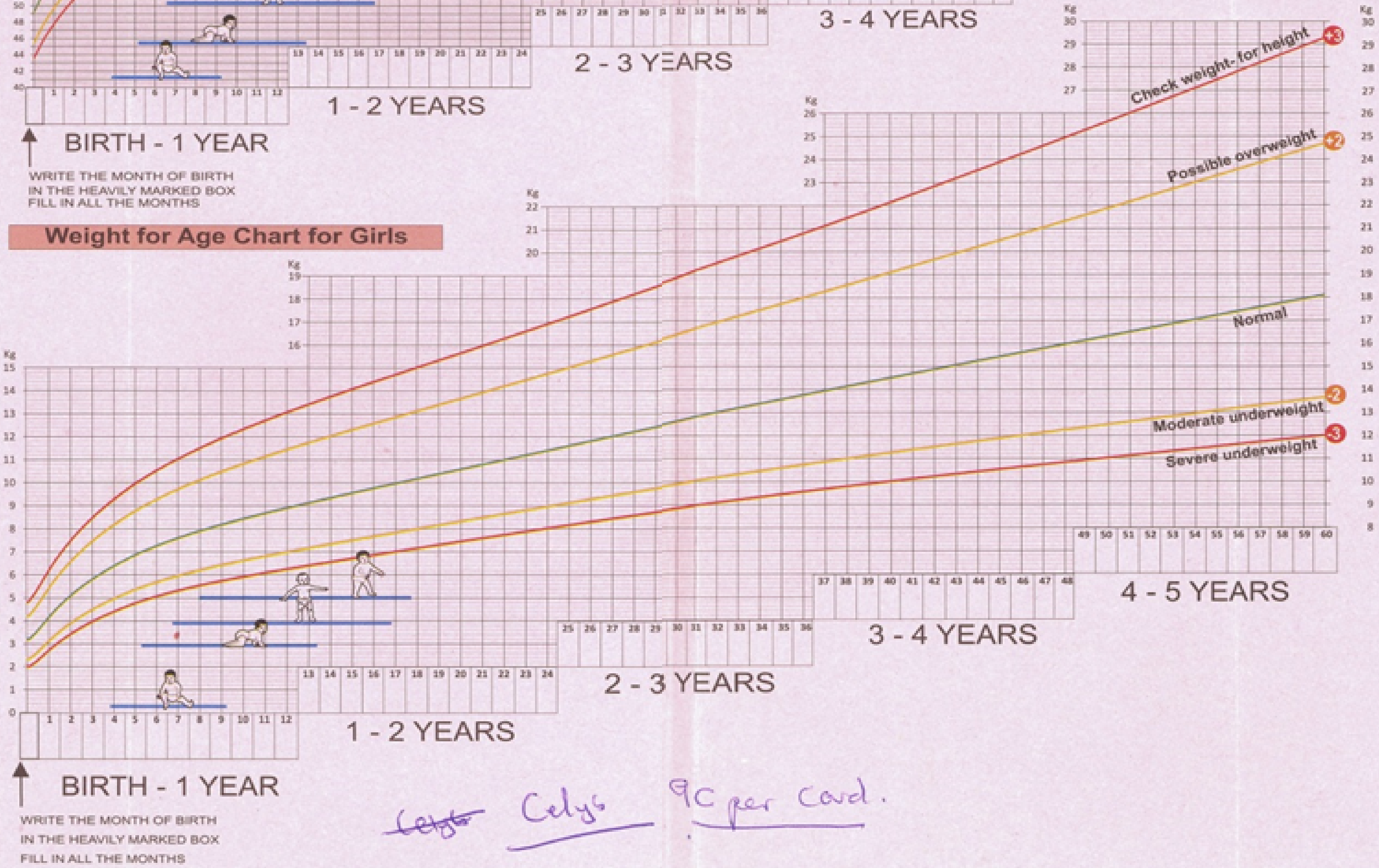

DATE	WEIGHT (Kg)	HEIGHT (CM)	MUAC (CM)

* No MUAC for babies less than six months

~~Celgto~~ Celys 9C per card.