INFANT FEEDING

Breastfeeding initiated within one hour of delivery

(Tick appropriate box) YES☐ NO☐

Follow up time	Birth	6W	10W	14W	5M
Exclusive breastfeeding					
If not exclusive breastfeeding indicate what else is given					

Follow up time	6M	7M	8M	9M	10M	11M	12M	13M	14M	15M
Complementary foods										
Breastfeeding Continues										
Minimum dietary diversity										
Minimum dietary freuency										

Follow up time	16M	17M	18M	19M	20M	21M	22M	23M	24M
Complementary foods									
Breastfeeding Continues									
Minimum dietary diversity									
Minimum dietary freuency									

CARE

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

If yes, specify the ARV prophylaxis; _____

Enter initials of the ARV prophylaxis supplied e.g NVP

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

Follow up time	13M	14M	15M	16M	17M	18M	19M	20M	22M	23M	24M
ARV supplied											
CTX supplied											

	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						

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

MINISTRY OF HEALTH AND CHILD WELFARE

CHILD HEALTH CARD

ZIMBABWE

GOOD INFANT FEEDING PRACTICE

Give only breast milk 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 makataurirwa mukadziviswa neve utano.

INDLELA ELUNGILEYO YOKONDLA UMNTWANA

Nika umntwana uchago lwebele lodwa kunyanga eziyisithupha zokuqala zokuzalwa.

Qalisa ukunika umntawna okunye ukudla lokunathwayo nxa eselenyanga eziyisithupha.

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

NAME OF CHILD:
SURNAME OF CHILD:
SEX: Girl DATE OF BIRTH: ☐☐☐☐☐☐☐☐
NAME OF MOTHER:
PHYSICAL ADDRESS:
NAME OF FATHER:
PHYSICAL ADDRESS:
PLACE OF BIRTH:
HEALTH CENTRE:

SALT AND SUGAR SOLUTION (SSS)

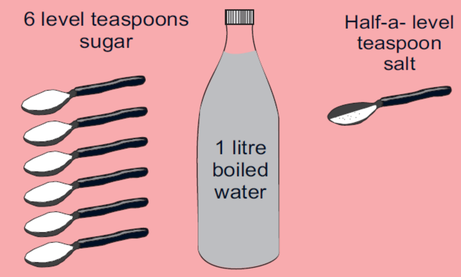
Give this SOLUTION as often as possible in case of DIARRHOEA and continue feeding and breastfeeding.

MVURA INE MUNYU NESUGAR

Ipai mwana MVURA iyi nguva dzose kana ane MANYOKA moramba muchimupa zvokudya nekumuyamwisa

AMANZI ALE TSWAYI LETSHUKELA

Nika umntwana AMANZI la ALETSWAYI LETSHUKELA sikhathi sonke uma ele SIHUDO, njalo uqhubeke umupha ukudla kanye lokumunyisa.

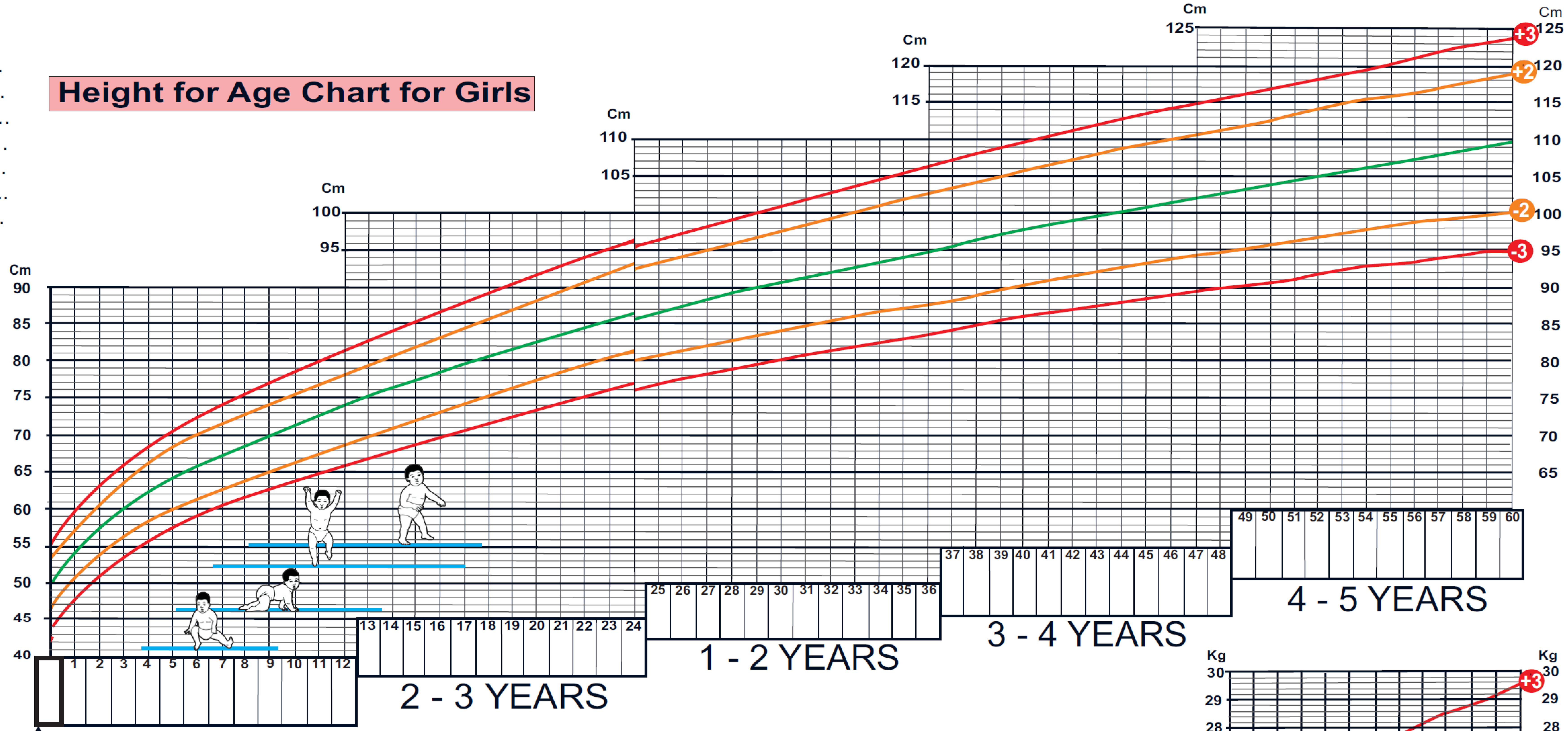


NOTES

GROWTH AND DEVELOPMENT CHART

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

Height for Age Chart for Girls



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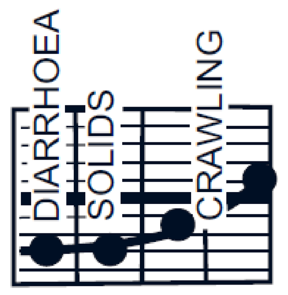
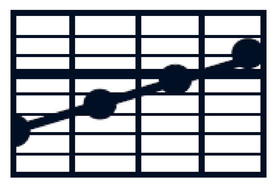
BIRTH OF NEXT CHILD;
HOSPITAL ADMISSION;
DEATH OF MOTHER

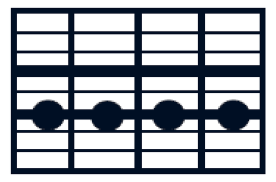
LIKE THIS



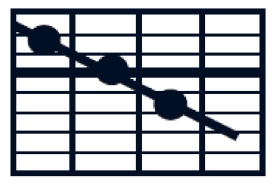
Watch the direction of the line showing the childs growth



GOOD
Means the child is growing well

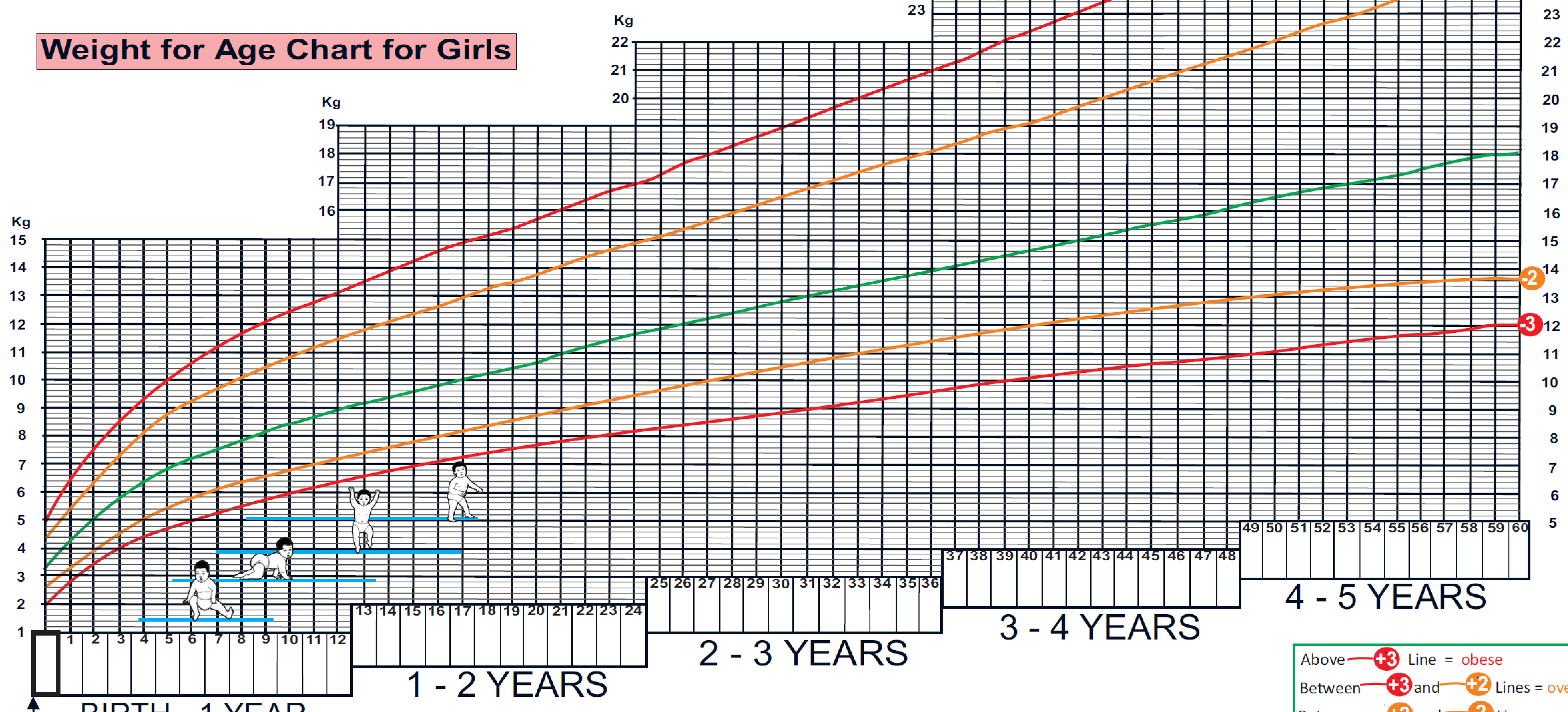


DANGER
Find out why and advise



VERY DANGEROUS
May be ill. Needs extra care

Weight for Age Chart for Girls



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	☐
DEATH OF ANY CHILD UNDER 5 IN FAMILY	☐
SEVERE JAUNDICE / BIRTH ASPHYXIA	☐

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

Above +3 Line = obese
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Qhubeka umunyisa umntwana aze abe leminyaka emibili kusiyaphambili, ngaphandle uxwayiswe ngabezempilakahle.

NAME OF CHILD:
SURNAME OF CHILD:
SEX: **Boy** DATE OF BIRTH: ☐☐☐☐☐☐☐☐
NAME OF MOTHER:
PHYSICAL ADDRESS:
NAME OF FATHER:
PHYSICAL ADDRESS:
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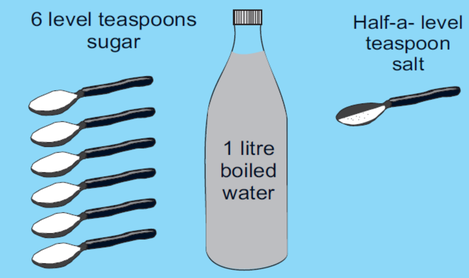

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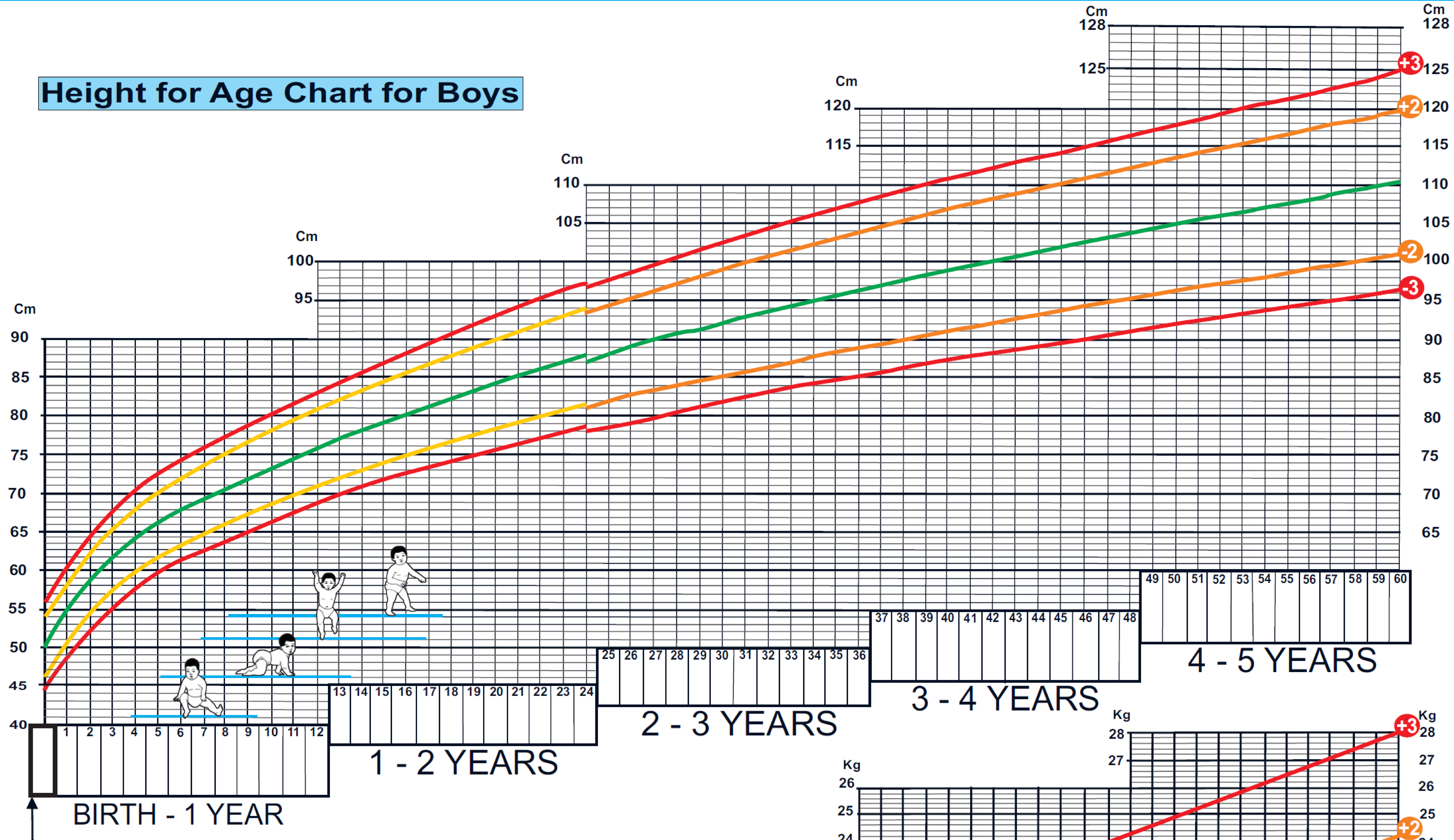
DATE OF BIRTH................................

Height for Age Chart for Boys



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

RECORD ON THE CHART
CHILDHOOD ILLNESSES eg *diarrhoea*
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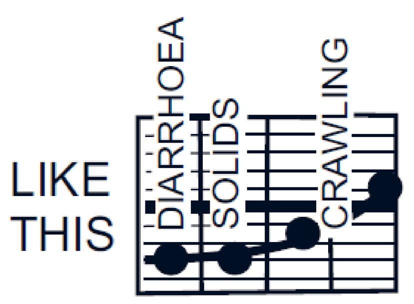

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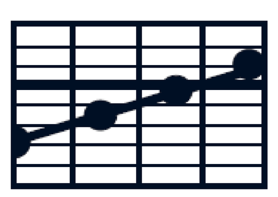

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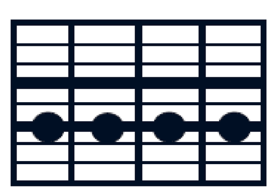

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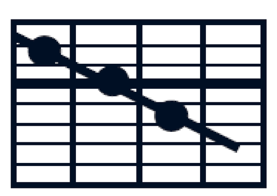

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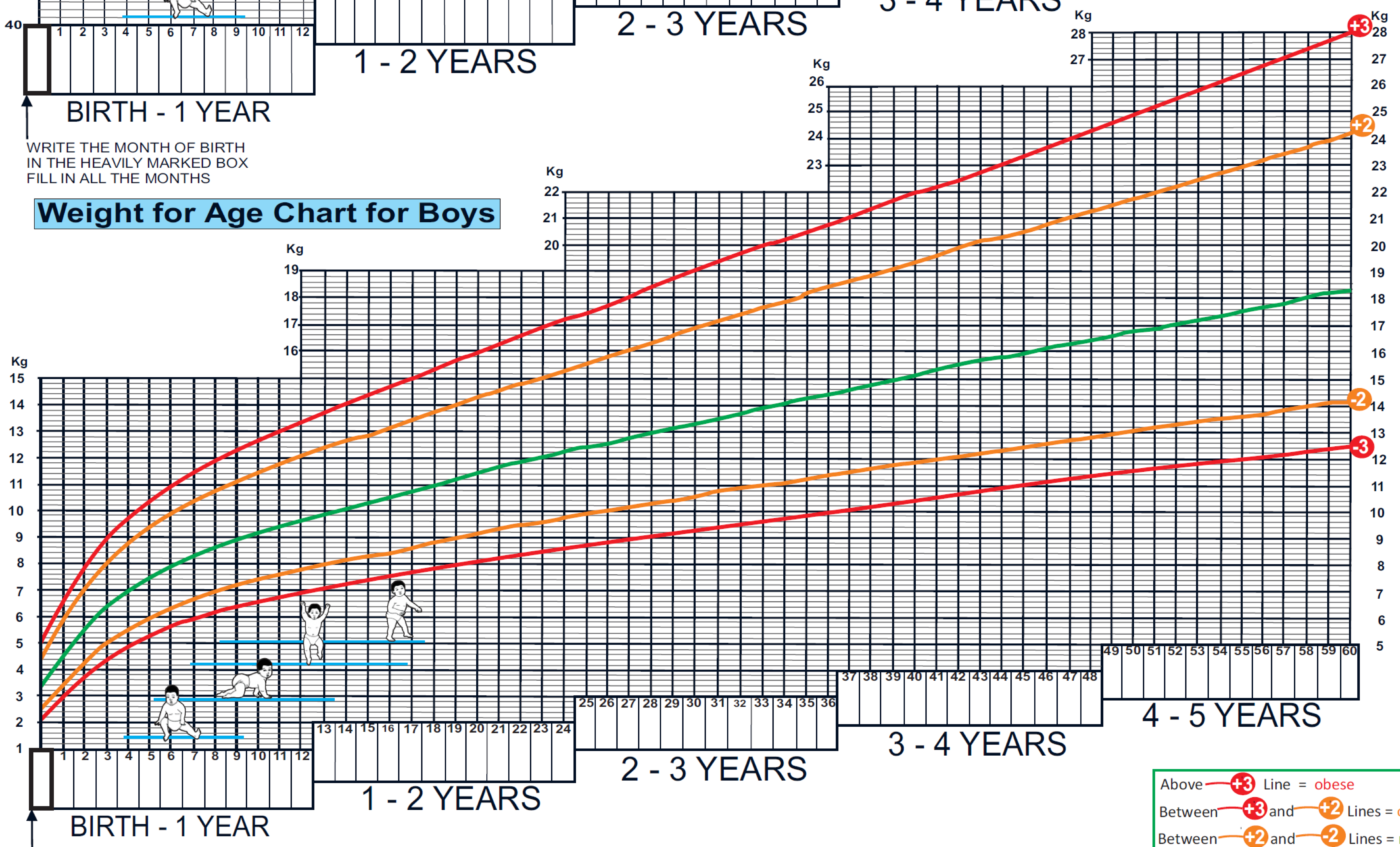

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FILL IN ALL THE MONTHS

AT RISK FACTORS (Write Yes or No)

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