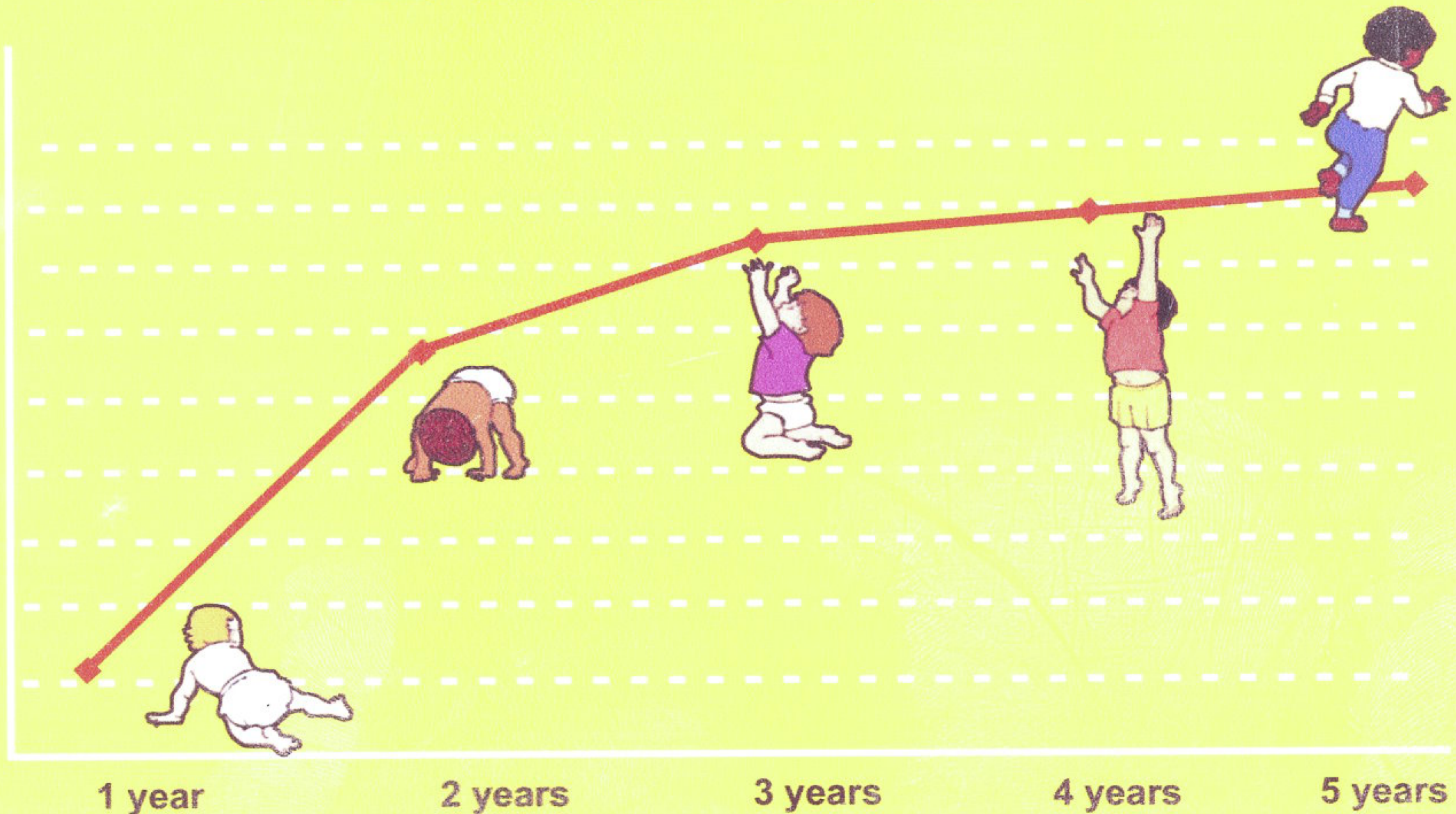




Republic of Namibia

MINISTRY OF HEALTH AND SOCIAL SERVICES

CHILD HEALTH PASSPORT



This passport is to be used by parents, guardians and health care providers to monitor and promote health, growth, and development of the child

This is the main record of the child's health, growth and development. This booklet contains recommendations for feeding and caring for the child at different ages: as a child grows, his/her needs change.

Therefore, keep it in a safe place and **carry it with whenever the child visits:**

- a health centre (whether it is for a well-baby visit or because of illness)
- a doctor or other health care provider
- a hospital outpatient and in-patient department or emergency department
- any other health appointment

CHILD IDENTIFICATION:

Health Facility Name:

Child's Name and surname:.....

Sex: Male: Female:

Birth date (dd/mm/yyyy):.....

Birth Order:.....

Unique Identifier:.....

Mother/ guardian name and surname:.....

Father/guardian name and surname:.....

Residential Address:.....

Name of House Owner (name and surname):.....

Village:

District:.....

Contact (phone) number:

PARTICULARS OF BIRTH:

Normal:

Assisted Delivery:

Type of Assisted Delivery:

Caesarian Section:

Head Circumference in cm: _____

Birth weight in kg: _____ Length in cm: _____

BORN AT:

Hospital: Yes No

Health Centre/Clinic: Yes No

Home: Yes No

Name of health facility where born:

.....

Neonatal Problems:

Rooting reflex present:

Yes No

Suckling reflex present:

Yes No

Otoacoustic Emissions (OAE) Screening:

Pass Fail Date

Pass Fail Date

Auditory Brainstem Response (ABR)

Screening

Pass Fail Date

IMMUNISATION

Age	Vaccine	Date Due (dd/mm/yyyy)	Date Given (dd/mm/yyyy)	Given By (name surname)	Batch Number
New Born	Polio 0 + Hep B 0				
	BCG				
6 weeks	Polio, Pentavalent 1 (DPT, Hep B + Hib)				
10 weeks	Polio, Pentavalent 2 (DPT, Hep B + Hib)				
14 weeks	Polio, Pentavalent 3 (DPT, Hep B + Hib)				
9 months	Measles				
	Vitamin A (100 000 IU)				
5 years	DT + Polio				
10 years	DT + Polio				

When a child returns for immunisation, health worker to confirm if children in endemic areas received ITN (mosquito nets)

VITAMIN A SUPPLEMENTATION

AGE (MONTHS)	DOSAGE	MONTH DUE (mm/yyyy)	DATE GIVEN (dd/mm/yyyy)	GIVEN BY (name and surname)
9	100 000 IU			
15 (1yr,3mts)	200 000 IU			
21 (1 yr,9mts)	200 000 IU			
27 (2yrs,3mts)	200 000 IU			
33 (2 yrs,9mts)	200 000 IU			
39 (3yrs,3mts)	200 000 IU			
45 (3yrs,9mts)	200 000 IU			
51 (4yrs,3mts)	200 000 IU			
57 (4yrs,9mts)	200 000 IU			
63 (5yrs,3mts)	200 000 IU			
69 (5yrs,9mts)	200 000 IU			

HEAD CIRCUMFERENCE MEASUREMENTS: TABLE FOR CUT OFF IN CM:

Age	HEAD CIRCUMFERENCE MEASUREMENTS (Indicate in cm):	Cut off in cm (girls)		Cut off in cm (boys)	
		Small for age	Large for age	Small for age	Large for age
Birth		30.3	37.4	30.7	38.3
6 weeks		33.7	40.8	34.6	41.6
10 weeks		35	42.3	36.1	43.1
*14 weeks (13 weeks)		35.8	43.2	37.0	44.0
9 months		39.8	47.8	41.2	48.8
5 years		45.7	54.2	46.3	55.2

Refer child immediately if measurements are not in line with the age of the child

INFANT FEEDING (Indicating if child is on Co-trimoxazole (CTX) and ARV Prophylaxis)

Age at Follow-up	Birth	7Days	6Weeks	10Weeks	14Weeks	4Months	5Months
Infant Feeding Code							
CTX (stop when confirmed negative – enter date when stopped)							
Multivitamin Syrup							
ARV prophylaxis (enter date (dd/mm/yyyy), type of ARV and dosage)							
Age at Follow-up	6Months	7Months	8Months	9Months	10Months	11Months	12Months
Infant Feeding Code							
CTX (stop when confirmed negative – enter date when stopped)							
Multivitamin Syrup							
ARV prophylaxis (enter date (dd/mm/yyyy), type of ARV and dosage)							

Enter code of infant feeding type in boxes:

**1 = Exclusive Breastfeeding, 2 = Mixed feeding, 3 = Complementary foods, 4 = Continued breastfeeding with complementary food
5 = Other (please specify).**

Infant Counselling and Support should be given at each visit.

YOUNG CHILD FEEDING (Indicating if child is on Co-trimoxazole (CTX) and ARV Prophylaxis)

Age at Follow-up	13Months	14Months	15Months	16Months	17Months	18Months	19Months
Infant Feeding Code							
CTX (stop when confirmed negative – enter date when stopped)							
Multivitamin Syrup							
ARV prophylaxis (enter date (dd/mm/yyyy), type of ARV and dosage)							
Age at Follow-up	20Months	21Months	22Months	23Months	24Months		
Infant Feeding Code							
CTX (stop when confirmed negative – enter date when stopped)							
Multivitamin syrup							

Enter code of infant feeding type in boxes:

1 = Exclusive Breastfeeding, 2 = Mixed feeding, 3 = Complementary foods, 4 = Continued breastfeeding with complementary food, 5 = Other (please specify)

Infant Counselling and Support should be given at each visit.

MID UPPER ARM CIRCUMFERENCE TABLE (MUAC Measurements) in cm as per age of child:

6months	7months	8months	9months	10months	11months	12months	13months
14months	15months	16months	17months	18months	19months	20months	21months
22months	23months	24months	27months	30months	33months	36months	30months
33months	36months	39months	42months	45months	48months	51months	39months
54months	57months	60months					

Measured monthly until the age of 24 months, then 3 monthly up to the age of 5 years).

MUAC CUT OFF:

Less than 11.5 cm = severe malnutrition

11.5 cm - 12.4 cm = moderate malnutrition

12.5 cm and above = normal nutrition

Refer children with severe and moderate malnutrition for further assessment.

HIV TESTING DONE for HIV EXPOSED INFANTS:

Age of Child	Date tested (dd/mm/yyyy)	Tested		Result		Date post-test counseled (dd/mm/yyyy)
		Yes	No	Pos	Neg	
6 W (PCR)		Yes	No	Pos	Neg	
DNA PCR if < 9M (if 6W test was missed and 3M after breastfeeding stopped)		Yes	No	Pos	Neg	
9 M (RT) if 6W DNA PCR neg		Yes	No	Pos	Neg	
DNA PCR if 9M RT pos		Yes	No	Pos	Neg	
If >9M (RT) 3M after breastfeeding stopped, (RT)		Yes	No	Pos	Neg	
DNA PCR if >9M RT pos and child still <18M		Yes	No	Pos	Neg	
Other HIV tests		Yes	No	Pos	Neg	

NB: For all infants nine months and above do an HIV anti-body test (RT) and a DNA PCR test only to confirm the positive RT result. Do not wait for the DNA PCR result before starting HAART.

CHILD ENROLLED INTO CARE:

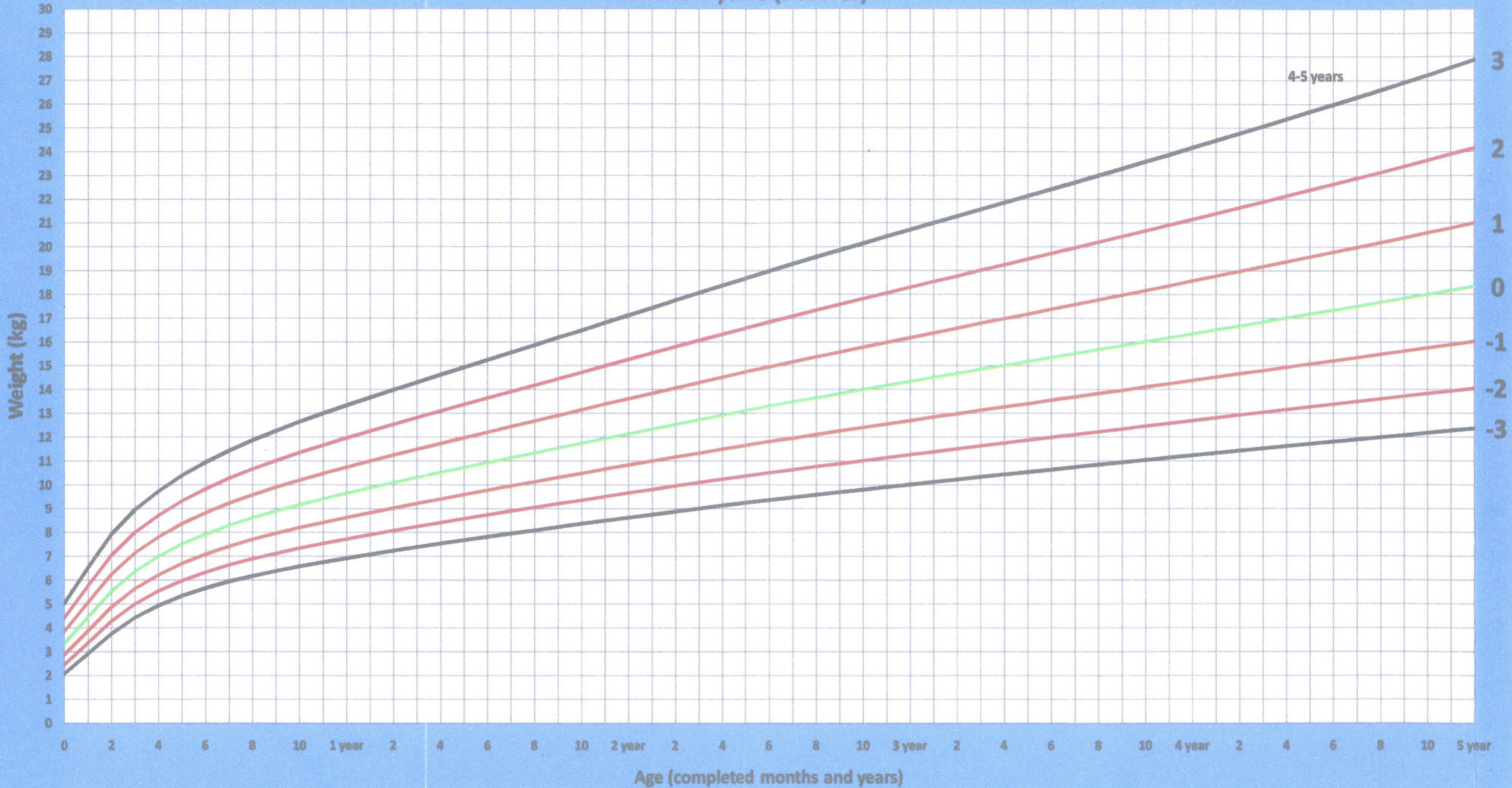
Date enrolled into care: (mm/dd/yyyy)	Regimen	ART started	
		YES	NO
Unique ART #:			
Date ART started (dd/mm/yyyy):			

ARV given to Mother (Please tick):

ARV Prophylaxis given during ANC	
ARV prophylaxis given during delivery	
ARV prophylaxis given for 7 days	
ON ART	

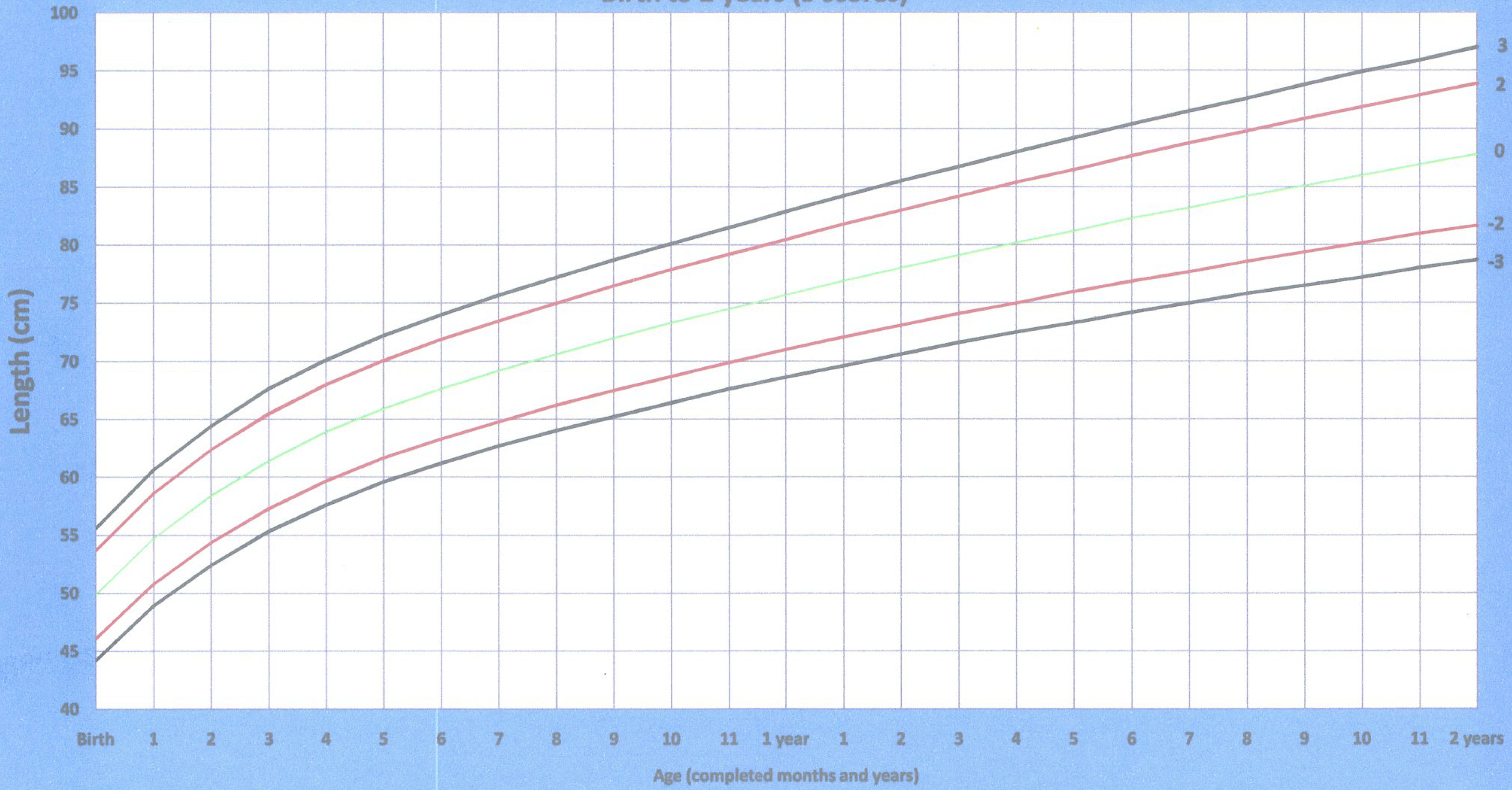
Weight-for-age BOYS

Birth to 5 years (z-scores)



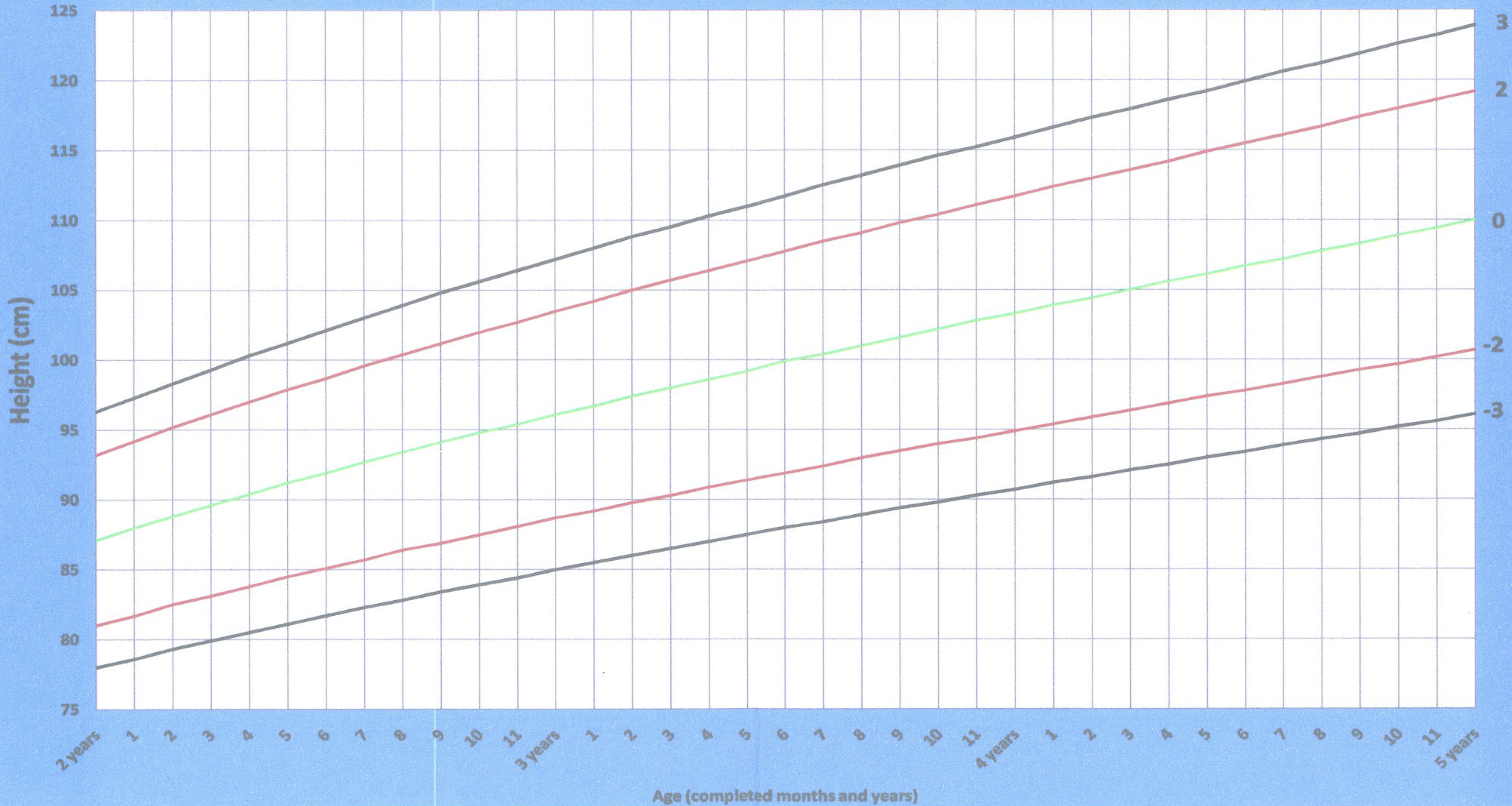
Length-for-age BOYS

Birth to 2 years (z-scores)



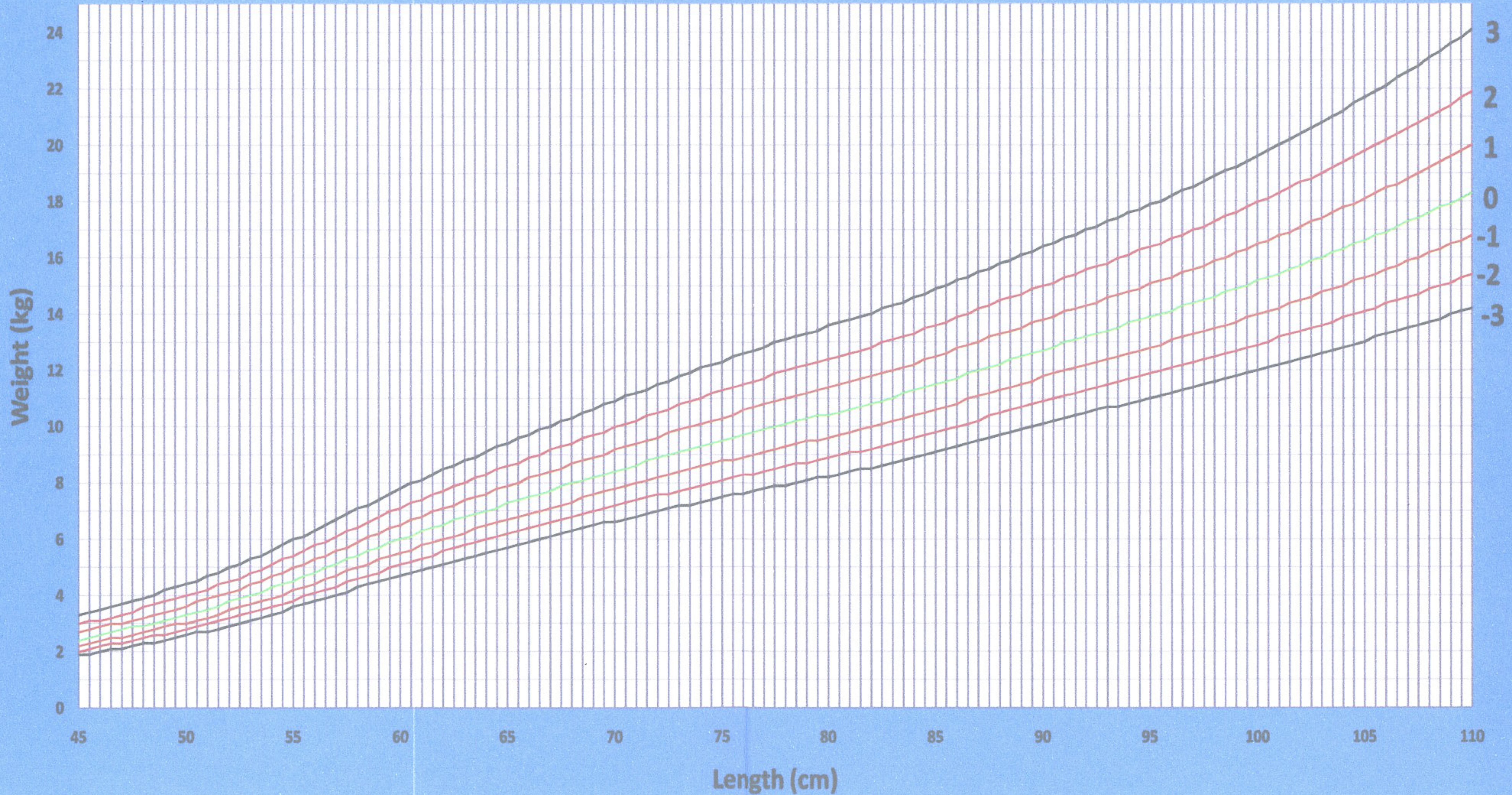
Height-for-age BOYS

2 to 5 years (z-scores)



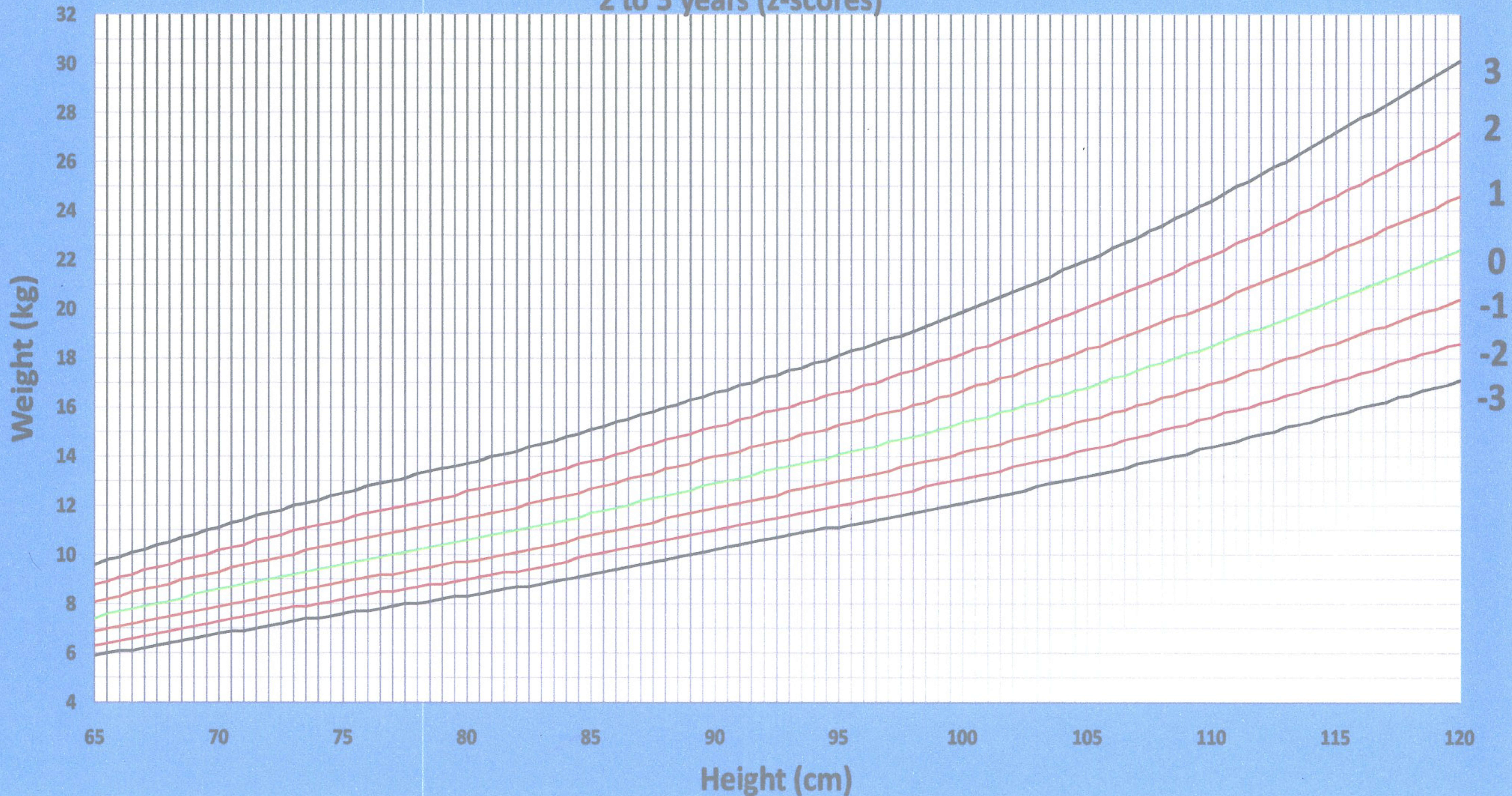
Weight for Length BOYS

Birth to 2 years (z-scores)



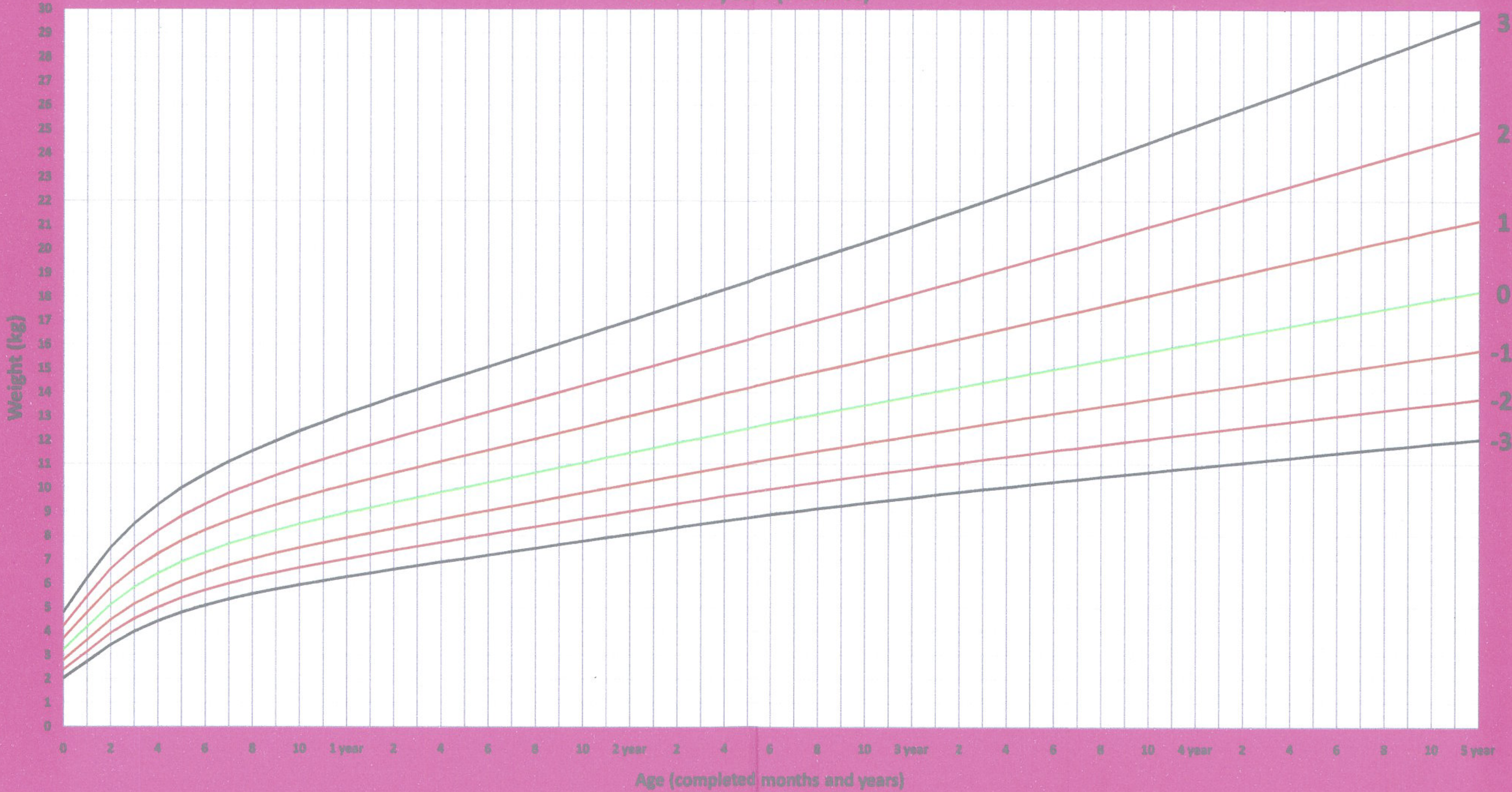
Weight for Height BOYS

2 to 5 years (z-scores)



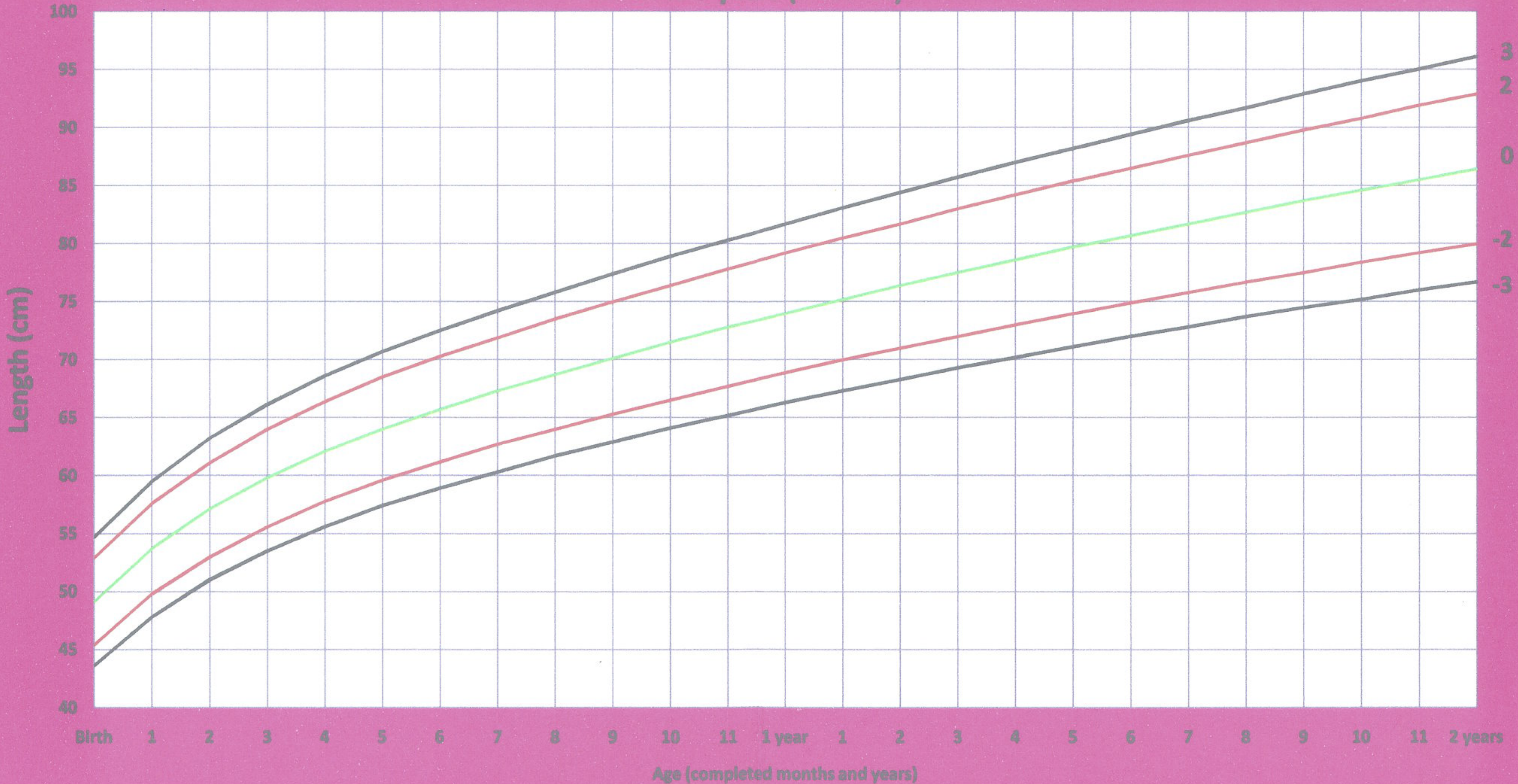
Weight-for-age GIRLS

Birth to 5 years (z-scores)



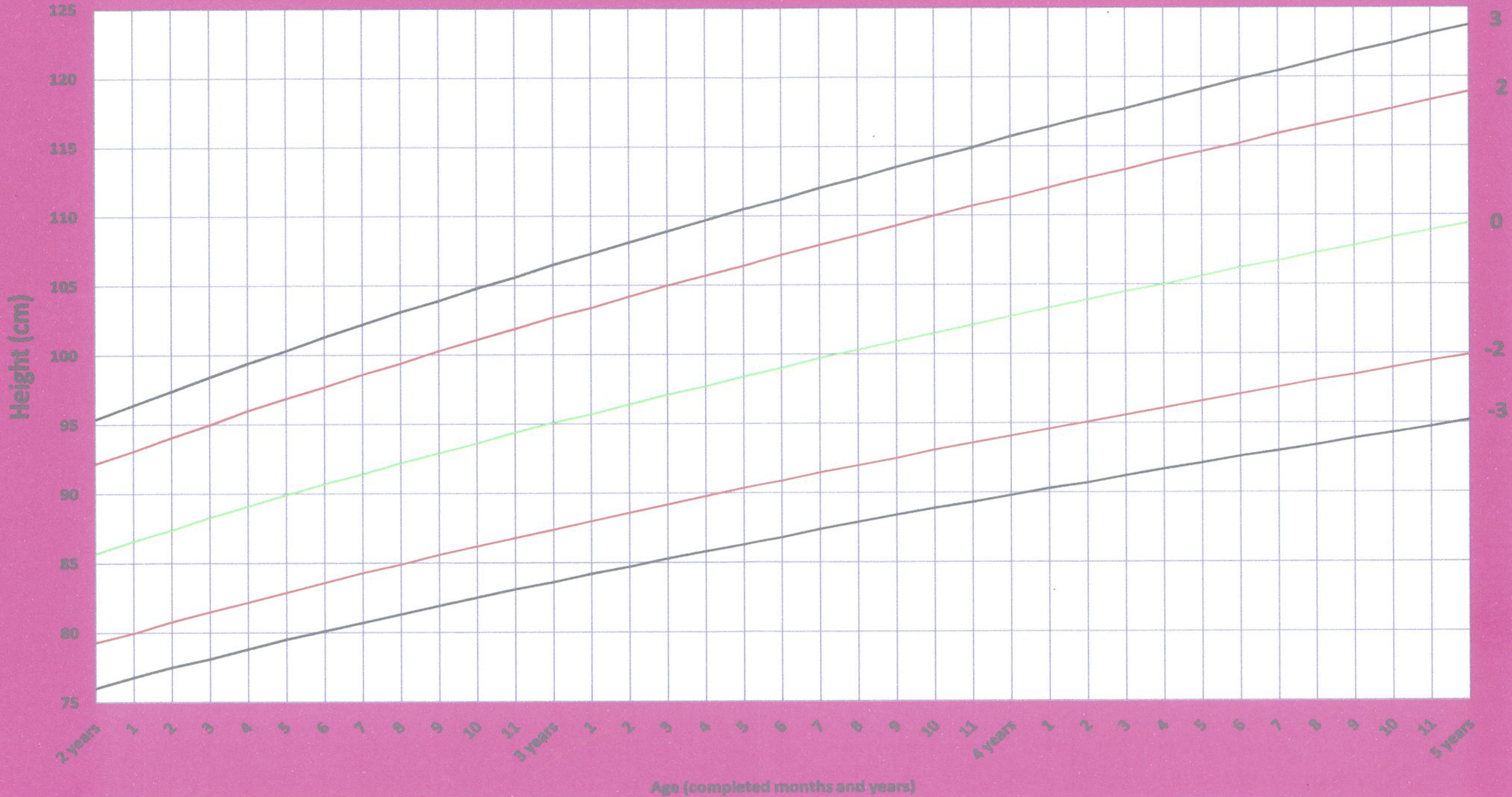
Length-for-age GIRLS

Birth to 2 years (z-scores)



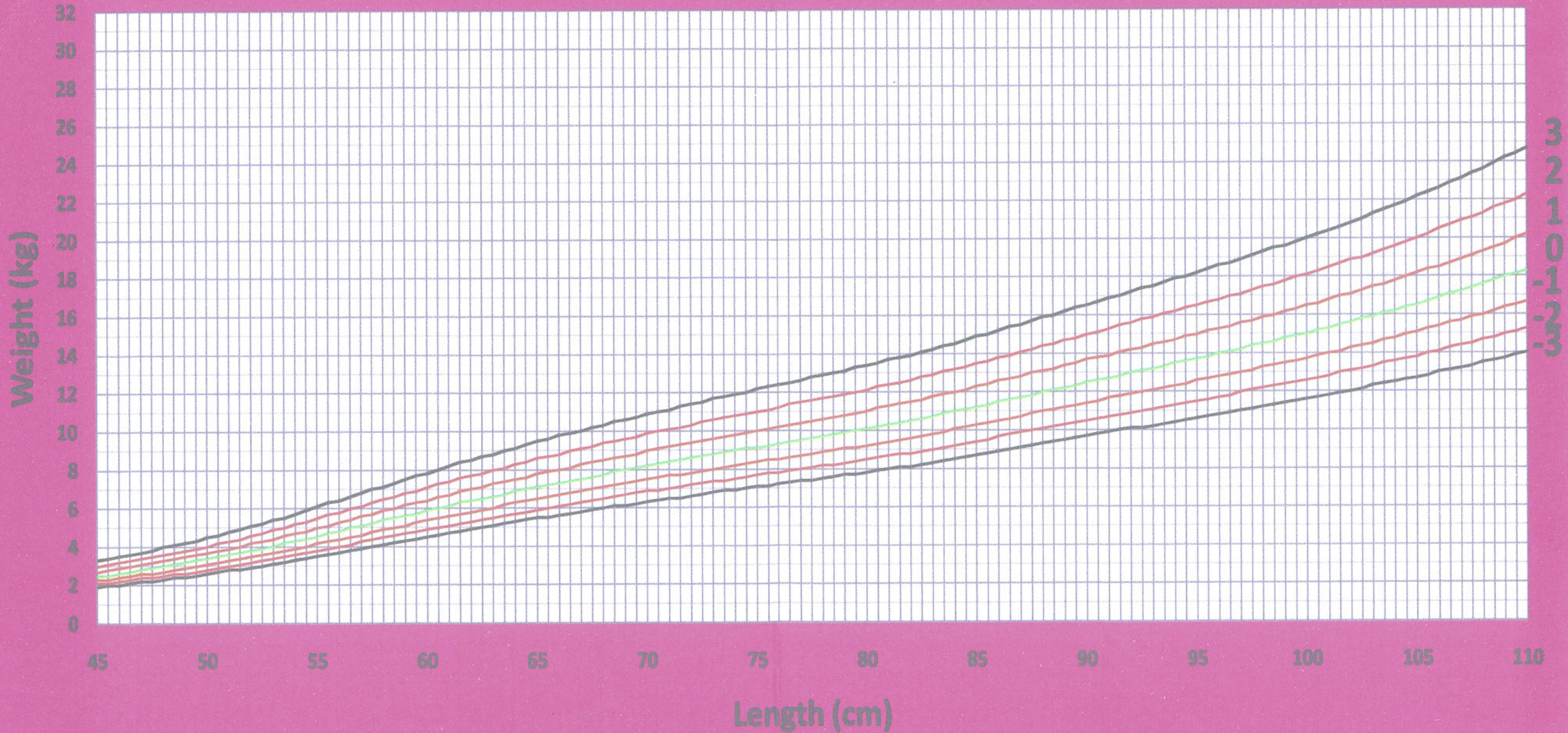
Height-for-age GIRLS

2 to 5 years (z-scores)



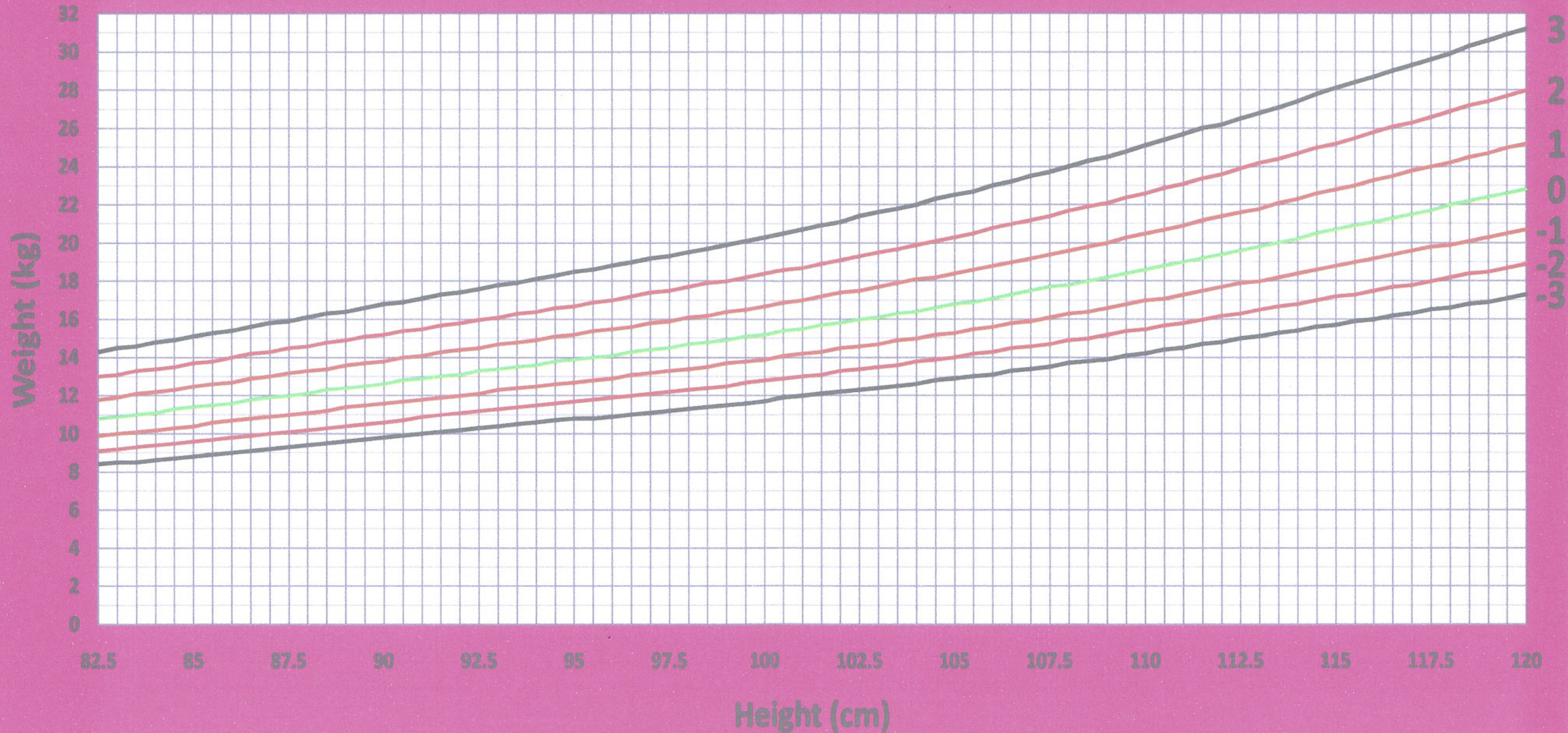
Weight for Length GIRLS

Birth to 2 years (z-scores)



Weight for Height GIRLS

2 to 5 years (z-scores)



DEVELOPMENT MILESTONES:

	AGE ACHIEVED	NORMAL LIMITS
Social Smile		4-6 weeks
Head Holding/Control		1-3 months
Turn towards the origin of sound		2-3 months
Extend hand to grasp a toy		2-3 months
Sitting		5-9 months
Standing		7-13 months
Walking		12-18 months
Talking		9-24 months

Refer for assessment if a milestone delays beyond the normal age limit indicated above.

Also refer child for assessment if the child is having delayed hearing, speech and language development.

PROBLEMS AND MANAGEMENT: CLINICAL NOTES

Health worker to enter date (dd/mm/yyyy), full name and surname, legible signature and name of health facility at the end of each visit.

FLUID RECOMMENDATION DURING ILLNESS

<i>For any sick child</i>	<i>For child with diarrhea</i>
Breastfeed frequently	Give these extra fluids, as much as the child will take: <ul style="list-style-type: none"> • ORS solution • Food based fluids, such as soup, yoghurt drinks • Clean water
Increase fluids. Give soup, yoghurt drinks, or clean water	Breastfeed more frequently and longer at each feeding
	Continue giving extra fluids until diarrhea stops

ZINC SUPPLEMENTATION (20 MG TABLET)

All patients with diarrhoea should be given zinc supplements as soon as possible after the diarrhoea has started.

Age	10mg/ml	Tablet
2 – 12 months	10mg	1 tablet
12months – 5 years	20mg	2 tablets

- Treatment to be taken for 14 days

SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS:

Infants: Dissolve the tablet in a small amount of expressed breast milk, ORS or clean water, in a small cup or spoon

Older children: Tablets can be chewed or dissolved in a small amount of clean water in a cup or spoon

REMINDE THE MOTHER TO GIVE THE ZINC SUPPLEMENTS FOR THE FULL 14 DAYS

WHEN TO RETURN IMMEDIATELY TO THE HEALTH FACILITY

For Any sick child

- If not able to drink
- If the child becomes sicker
- If the child develops a fever
- If breastfeeding poorly (less than 2 months old)

For Child with diarrhea

- If blood in stool
- If drinking poorly
- As for any sick child

For child with cough

- If difficulty in breathing
 - If breathing fast
- As for any sick child