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World Vision Relief & Development Inc.

FIRST ANNUAL REPORT
SHAMVA CHILD SURVIVAL PROJECT
ZIMBABWE

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Submitted to:

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Office of Private and Voluntary Cooperation
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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALRI	Acute Lower Respiratory Infection
ANC	Antenatal Care
CBD	Community-based Pill Distributor
CDD	Control of Diarrheal Disease
CSP	Child Survival Project
DIP	Detailed Implementation Plan
EHT	Environmental Health Technician
EPI	Expanded Program on Immunization
FHW	Farm Health Worker
FP	Family Planning
HIS	Health Information System
HIV	Human Immunodeficiency Virus
ICOD	International Classification of Diseases
IGA	Income-Generating Activity
LBW	Low Birth Weight
MOH	Ministry of Health
NCIH	National Council on International Health
PNC	Postnatal Care
RHC	Rural Health Center
TB	Tuberculosis
TM	Traditional Midwife
TT	Tetanus Toxoid
UK	United Kingdom
USAID	United States Agency for International Development
VCW	Village Community Worker
VIDCO	Village Development Committee
WADCO	Ward Development Committees
WCBA	Women of Childbearing Age
WV	World Vision
WVRD	World Vision Relief & Development Inc.

1. RESULTS IN YEAR ONE

1.1 Major Results

Outreach Activities

A total of 33 outreach points have been established in the project area. Through these outreach points, communities have been able to receive health education in ORT, breastfeeding promotion, environmental sanitation, ARI management, and other relevant issues to enable them to improve their health and that of their children. At these outreach points, communities have also received immunizations, antenatal care, and services in growth monitoring and family planning throughout most of FY92. A schedule of activities for these outreach points is attached (Appendix 1).

Following are some of the measurable and documented achievements of the Shamva Child Survival Project (CSP) through September 1992:

Indicator	Achieved		Target
	No.	%	%
1. Children 0-11 months fully immunized	2,832	81.6	85
2. Children 12-59 months fully immunized	345	2.5*	83
3. WCBA completing full course of TT	3,035	17.5*	85 (FY94)
4. Average number of children weighed each month			
0-23 months	3,100	44.7	80 (FY94)
24-59 months	1,171	11.3	--
5. Number of pregnant women making their first ANC visit	3,449	--	--
6. Number of mothers attending postnatal visits within six weeks of delivery	1,114	32.1	60 (FY94)
7. Number of new family planning clients seen	1,644	--	--
8. Number of family planning visits made by previous clients	11,722	--	--
9. Oral contraceptives issues			
a) LoFemenal	15,755	--	--
b) Ovrette	17,150	--	--
10. Condoms distributed (number of strips)	41,380	--	--

* These figures represent the immunizations that the project has provided this year, but do not reflect the considerable portion of the population already immunized, and thus greatly underestimate actual coverage in the project area.

Training Activities

A training of trainers workshop for 37 health workers, including ten nurses, 12 nurse aides, 9 environmental health technicians, and six extension workers was held in March 1992. After the baseline survey results were discussed, training needs were identified. Trainees from the workshop later met to plan training activities and have since become trainers of Traditional Midwives (TMs), Village Community Workers (VCWs), Farm Health Workers (FHWs), and other community-level staff. The second level of trainees have been briefed on project objectives and educated on CS interventions and on how to involve their communities in the project. The number of people trained under the project between October 1991 and September 1992 is given below:

Group of People Trained	Number Trained
Traditional Leaders (VIDCO/WADCO members, chiefs, Krall heads, and political party leaders)	560
Village community workers	230
Farm health workers	46
Church leaders	347
Traditional healers	178
Traditional midwives	150
Water subcommittees	100
Community-based distributors	8
Preschool teachers	19

Those receiving training related to HIV/AIDS, including training on counseling and home-based care of patients, is as follows:

Nurses	14
Environmental health technicians	9
Traditional healers/midwives	385
Nurse aids	12
Youth	16

Those attending workshops on acute respiratory infections and the control of diarrheal diseases is as follows:

Nurses	14
Environmental health technicians	9

This broad mix of trained persons distributed around various health facilities and in other places in the community is expected to produce a large pool of people who can mobilize communities for Child Survival (CS) activities.

Other Inputs

Besides vehicles, other equipment obtained by the project in this first year include 10 bathroom scales, 10 standing scales, 6 syphgmonometers, 5 refrigerators, and 11 pots. These pots were distributed with other utensils needed for the demonstration of ORT procedures at Rural Health Centers.

1.2 Change in Approach to Individuals at Higher Risk

A change in strategy for reaching high risk individuals has been necessary due to prevailing environmental conditions. In response to the drought in the country, the Ministry of Health (MOH) through the District Health Executive (of which the area health coordinator is a member) carried out a nation-wide screening of children under five years in each village to assess nutritional status. The District Health Executive trained VCWs, FHWs, village chairmen, and other identified community leaders in the screening of children using Mid Upper Arm Circumference. Screening was done in 71 villages in the communal area, 21 villages in resettlement areas, and 66 farms in the commercial farming area. A total of 12,624 children were assessed. Of these, 2,874 measured between 12.5 cm and 13.5 cm, indicating moderate malnutrition, and 897 were 12.5 cm or below, representing severe malnutrition. Therefore, a total of 3,771 or 29% of children assessed were malnourished. Only two villages in the district were free of malnutrition.

The CSP has allowed a budget for supplementary feeding and, in collaboration with the MOH and Save the Child Fund UK, has begun to address this need. Mothers with malnourished children are being encouraged to form feeding committees so that they can receive training and food from the MOH for group cooking and feeding of children.

Three other strategies have been implemented to assist the project to better identify and serve those at high-risk, as follows:

- A more comprehensive information system at the grassroots level to complement that used at the health facilities has been developed so that those at risk can be identified in a more systematic manner.
- The FHWs, TMs, and VCWs are encouraging mothers to make arrangements to receive antenatal care as soon as they know they are pregnant.
- The construction of waiting mothers' shelters by communities has been promoted and is expected to result in better care for high risk pregnant women.

1.3 Staffing

All project staff were hired by March 1992 and are as reported in the project's DIP. The current organization chart in use for this project is attached (Appendix 2). The amount of time each staff member contributes to the CSP is given in Appendix 3.

1.4 Continuing Education

The CSP director was on study leave in England for the year, receiving a graduate degree in public health.

The health associate attended a workshop in December 1991, organized by the "Women and Support AIDS Network (WASN)." The need for women to support each other and share information was the focus of this workshop.

The area health coordinator attended a Think Tank Workshop on "Community-based Health Care and Development" in November 1991. This was a planning and experience-sharing workshop for people from southern Africa. The coordinator attended two other conferences in the USA during the month of June 1992. The first conference at the Navajo Community College in New Mexico addressed the integration of maternal health into CS programs. The second conference was the 19th annual NCIH Conference in Washington, D.C., where the theme was "A Global Partnership: Improving the Health of Under-served Populations."

The project secretary attended a workshop in June 1992 with the theme, "The Secretary's Role Beyond the Typewriter," to discuss the needs and problems of secretaries and to update her office skills.

In August, both the project coordinator and the area health coordinator attended a workshop on time management.

Members of the District Health Executive who support and participate in the project have attended several workshops on ALRI, CDD, and HIV/AIDS during 1992.

1.5 Technical Support

The project receives ongoing technical support from Dr. R. Munochiveyi, Provincial Medical Director, and Dr. E. Moshi, Medical Officer of Health, Mashonaland Central Province of the MOH, in all intervention areas of the CSP, including EPI, CDD, nutrition, maternal care, family planning, ALRI and AIDS, and in other technical areas. These MOH staff also provided assistance in conducting the baseline survey, writing the DIP, and developing the project's Health Information System (HIS).

Technical assistance was also provided during a visit to the project in June by Tom Ventimiglia, Program Development Officer from the International Health Programs Department of World Vision Relief & Development (WVRD), who assisted with the development of the HIS for the project.

1.6 Community Participation

At the rural health centers (RHC), health committees have been established whose members discuss health problems for the catchment area. It is expected that these committees will become more active after the current set of mobilization workshops for committee members are completed. Other committees exist to handle such issues

as the construction of waiting mother's shelters, preschools, etc., and these will be given support under the project.

1.7 Linkages to Other Health and Development Activities

As per project objectives, there has been a successful execution of this project jointly between the MOH and World Vision Zimbabwe. Several meetings have been held with District and Provincial Health Executives regarding the project—to discuss strategies, develop and write the DIP, and plan the implementation of activities together. The signing of protocols with the MOH over the shared use of equipment and health facilities has also promoted effective collaboration between the MOH and World Vision (WV). As a result of a vehicle shortage, project staff and the District Health Executive members are combining their supervisory visits. Numerous MOH staff have been trained by the project, and others have participated in project-sponsored training as facilitators, as have representatives of other NGOs (e.g., SCF) and agricultural organizations (Agritex). All of these activities augur well for the long-term sustainability of the project after external funding is terminated.

Attention has also been paid to strengthening links with other development sectors. For example, more emphasis has been put on the training of non-health extension staff as a way of fostering inter-sectoral action for health. Project staff have attended meetings of the Association for Community Theater, whose members are extensively involved in the campaign against AIDS. Finally, project staff were invited to join government health workers during visits to a refugee camp to assess health conditions there.

2. Constraints, Unexpected Benefits, and Lessons Learned

2.1 Constraints

Staffing

The original project coordinator resigned in December 1991, and the project manager left to attend an overseas training program. The area health coordinator was on maternity leave and only resumed her duties at the time the new project coordinator started work in March 1991. These staffing changes resulted in a slowing down of project activities between December 1991 and March 1992; the staff has been stable since that time.

Vehicles

The MOH vehicle used for outreach work kept breaking down at the start of the project, and this slowed outreach work considerably. This problem was addressed by (a) initially redeploying a vehicle from the WV CSP in Murewa, and (b) the later provision of two Shamva CSP vehicles. EPI activities have continued uninterrupted since the deployment of these vehicles.

Accommodations

There is a shortage of accommodations in the district, and project staff still commute daily from Harare to the project base in the Shamva District. This situation has caused occasional delays in the implementation of project activities and has constrained efforts to promote a unified team at the project base in Shamva. Councillors in Shamva District have been briefed on the project, and they offered accommodations to project staff. The proposed housing is not available for renting, so negotiations to buy are in progress.

Equipment

The equipment brought in for the project attracted an import duty because the MOH has been instructed by the Treasury not to assist with duty waivers unless the imported equipment is directly donated to the MOH. This has delayed receipt of project equipment, such as vehicles, and affected the budget as well.

Community Hardships

Communities were finding some of the outreach points difficult to get to due to the long distances required to be covered without adequate public transport. Consequently, some of these points were split in an effort to improve access, and there are now 33 such points in the district.

As the drought gets more severe, mothers are spending increased amounts of time at the child supplementary feeding points, and not attending the outreach points. Attendance at immunization services has shown a decline in the last month.

Mobilization

Some religious groups have shown hostility to the mobilization of their members for family planning services.

2.2 Unexpected Benefits

The strategy to involve MOH staff in project design has meant that the project is perceived as belonging to the MOH and Child Welfare, which has subsequently provided office space for project staff at the District Health Office. Project staff are now well integrated into the district health team.

During training sessions for traditional healers, they have agreed that they will cooperate with the project by referring difficult cases to the health centers.

2.3 Institutionalization of Lessons Learned

From World Vision Zimbabwe's CSP in Murewa, it was learned that project sustainability is best promoted by using MOH staff instead of recruiting from elsewhere. In the Shamva CSP, the MOH was asked to second staff to the project,

and these staff will rejoin their programs after the project is over. This way the project will suffer minimum disruption when external funding is no longer available.

Again, the Murewa CSP taught the organization how important it is to carry out extensive community training in the early phases of a project. This explains the large community training and mobilization effort being implemented in the Shamva CSP in its first year.

3. Changes Made in the Project Design

3.1 Change in Perceived Health Needs

From the beginning, community diagnosis and problem identification were identified as strategies to be promoted in the implementation of this project. During intersectoral workshops to discuss the baseline survey findings, community needs were discussed at length. In addition to the areas mentioned in the DIP, the following areas of need have been identified:

- The construction of boreholes and dams to help improve food production for better nutrition;
- The provision of an ambulance to assist with the transport of patients in emergency situations;
- The construction of waiting mothers' shelters for better antenatal and postnatal care of pregnant women and mothers; and
- The promotion of community-based rehabilitation.

During discussions with the District Health Executive, it was decided that one of the project vehicles should be made available to transport patients in emergencies. For the remainder of the time, this vehicle would be used by project staff to carry out supportive supervision (training at clinics, conducting workshops, etc.) in the district. The second vehicle was fully allocated to the outreach program at 33 centers.

One community is already planning to build a waiting mothers' shelter near the Rural Health Center.

During meetings with community leaders, the need for income-generating activities (IGAs) was also put forward. Although the project does not have a lot of resources for direct contribution to IGAs, its staff has encouraged communities whose members are raising their own money to start projects to make bread and soap, to keep chickens and pigs, and to start other projects such as welding enterprises and tailoring projects. The project has set aside a small amount of funding to support these activities and project staff are exploring the feasibility and desirability of becoming more involved in the promotion of income-generating projects. The project is also considering a request for funds by clinics who want to establish demonstration

gardens so that mothers can get agricultural and nutrition training and receive some food for feeding malnourished children.

3.2 Change in Project Objectives

There have been no changes made in the objectives set by the project as written in the DIP.

3.3 Change in Planned Interventions

The project had originally planned to support RHC-based supplementary feeding programs for severely malnourished children. With the onset of the current drought, the MOH embarked on a nationwide community-based supplementary feeding program, and the project subsequently decided not to duplicate government efforts. Instead, the CSP is providing transportation for the movement of food to the feeding points in support of the government program.

As a result of requests for support in income-generating projects, the Shamva CSP has included such a component in the training materials. Community-based rehabilitation (including child abuse) issues have also been included in the training program. Another change in the training component was made in response to a request from community members attending training to be awarded certificates of attendance; this issue is being considered by the Provincial and District Health Executives, since such certificates are recognized to be useful in increasing motivation among participants.

Finally, there has been a request from the MOH for World Vision Zimbabwe to join two other NGOs to design and manage a Hepatitis B immunization program, and the Shamva CSP may incorporate this as part of its EPI intervention.

3.4 Change in Potential and Priority Beneficiaries

The current drought has necessitated increased emphasis on the identification and feeding of malnourished children, and the MOH has embarked on a Child Supplementary Feeding Program aimed at malnourished under-fives. The project coordinator joined the District Health Executive in the planning of this program (screening children, compiling statistics, etc.) A total of 3,800 children (constituting 29 percent of those screened) were found to be in need of supplementary feeding, and the CSP will collaborate with the MOH and with Save the Children Fund (UK) to run a supplementary feeding program in both commercial and communal areas of the Shamva District aimed at children under five years of age.

4. Progress in Health Information Data Collection

4.1 Characteristics of the Health Information System

The Shamva CSP's HIS is composed of three levels of information:

1. Community-level information;
2. Rural hospital and rural health center level information; and
3. District level information.

The second and third levels are part of a nation-wide HIS, and data collection at these levels is done in accordance with the MOH policy, using forms developed by the MOH. This data is provided monthly to the MOH for analysis and feedback.

Through much of the first year of project activities, the community-based component of the system has been developed by project staff in collaboration with the MOH and with World Vision headquarters. This component of the system has been closely integrated with the national system and, according to the MOH representatives, may serve as a prototype for other community-based systems as it is refined.

The HIS is useful for identifying such high-risk groups as low birth weight (LBW) babies, mothers who received no prenatal care or had problem deliveries, and children who are losing weight or are below standard weight for age.

Following is a more detailed description of the Shamva project's HIS. See Appendix 4 for copies of the forms used in this system.

a. Community Level

Information at this level is collected by the community-based distributors (CBD), the VCWs, FHWs, and TMs. CBDs use an adaption of the Zimbabwe National Family Planning Council's "CBD Unit Monthly Work Check Form" and keep a "diary" for recording all events in their area. In addition to keeping a diary, VCWs, FHWs, and TMs use Forms I, II, III, and IV to collect information on their activities and on relevant occurrences in their communities. Records are kept in duplicate: one copy is kept at the village level, and the other goes to the RHC.

Form I, the "Shamva Child Survival Project Community-Based Information System Tally Sheet" is filled in by the VCWs, FHWs, and TMs and reflects their daily activities. At the end of the week, they transfer the information to Form II, the compilation form, and send it to their supervisor at the RHC in their catchment area.

These health workers also fill in Form III, the "Nutrition Monitoring Form," during home visits and also when there is an outreach clinic conducted in their respective area. The data is then compiled at the end of the month and sent to the clinics.

Most of the community-level information is analyzed at the local clinic and information is fed back to the community. However, as time goes on, local community personnel will be trained and encouraged to analyze and use their own data.

b. Rural Hospital and Health Center Level

Health center staff are responsible for the compilation and analysis of all the information collected at the community level. They also use existing national HIS instruments to collect and analyze information gathered at their own facility.

The information collected and instruments used at this level are:

- Out-patient disease records by age (Forms T3 and T5). These forms have recently been modified by the MOH in the chronic disease section.
- Immunization records, ANC/PNC visits, and family planning activities (Forms T5 and T6, the Mothers' TT Card, and the Child Health Card). The project uses an adaptation of Form T5 in its monthly and quarterly reporting to WV headquarters and USAID.
- Nutritional status and growth monitoring (Form T5 and the Road to Health Child Card).
- Family planning activities (CBD Form F, Forms T5, T6, and T99).
- Maternity statistics from Maternity Register.
- Notifiable and infectious diseases (Forms T1 and T2 and the TB form).
- Chronic communicable diseases (Chronic Registers) and noncommunicable diseases.
- Sanitation and water supplies (Form IV).
- The general registers (Chronic Disease, OPD, and Maternity Registers).

The data collected at this level are analyzed depending on the skills and knowledge of staff at the center. Information is used for their work plans and also for feedback to their respective communities. The information is submitted to the district.

c. District Hospital Level

At the district level, the information received from the rural hospital and clinics is compiled, analyzed, and consolidated for inclusion in the district level HIS. Since all the activities carried out at the clinic are also taking place at the district hospital as O.P.D. activities, data collection at this level uses the same instruments as those used at the clinic and rural hospital level.

In addition, the district hospital and the rural hospital collect in-patient information using the following instruments:

- Disease classification according to the ICOD 9th revision (Form T9).
- Bed occupancy rates (Forms HS3 and HS5).
- Patient bed days (Forms F9, HS3, and HS5).
- Maternity statistics.

At the district compilation, analysis of the data is done on a monthly basis and results are used for monitoring the project and for feedback to the clinics and provincial levels. At the provincial level, a quarterly report is prepared for management purposes.

4.2 Special Capacities of the Health Information System

4.2.1 Project activities are closely intertwined with those of the MOH at all of the RHCs and hospitals in the district, which provide continuous services. Thus, the project does not monitor service standards such as number of scheduled clinic sessions.

4.2.2 The project is monitoring sustainability indicators, most notably numbers of personnel in the community including MOH health workers, TMs, VCWs, community leaders, etc., who receive training in CS interventions. Attendance of community members at outreach points is also monitored as is the number of self-help projects/IGAs which are initiated.

4.2.3 At both the community and health facility levels there is active disease surveillance by health workers, including surveillance of cases of acute paralysis (see Forms I, T1, and T2).

4.2.4 All training which is given to health workers in the project area is monitored. Records are kept of the types, numbers, and names of workers receiving training, content of training received, and dates of training.

4.2.5 As the community-level HIS has only very recently been developed and training of those responsible for data collection under this new system only just initiated, its use as a system has been limited to date. In the second year of project implementation after the responsible cadres are fully trained, it is expected that a more complete picture of the relevance and ease of use of the system will be able to be determined.

4.3 Management of the Health Information System

Project staff and others responsible for the collection of data on the HIS, including all those mentioned in Section 4.1, continue to be trained in both the collection and analysis of data. Once the system has been fully implemented and revised to account for any difficulties arising in its use, expected to be sometime in the second year of project implementation, data will be regularly fed back to project workers as well as communities themselves. As mentioned, data collected at the clinic and hospital levels are already provided to the MOH and WV headquarters on a monthly basis.

Because the system is only very newly developed, the project has been in the process of reviewing its indicators regularly to ensure that the HIS reflects what is required. The HIS has been and will continue to be refined on this basis.

The project has spent approximately $2,000 on the HIS to date. These costs primarily cover the printing of HIS booklets for use by the VCWs and FHWs and consultancy services for technical assistance with the HIS.

5. SUSTAINABILITY

5.1 Recurrent Costs

The main recurrent costs which will continue after USAID funding ends will be associated with the running of the two vehicles being used for outreach work and with providing supportive supervision and with formal and informal training activities. Other costs will be incurred for the production of training materials. Some of these costs will show a decrease over the three-year period of the CSP after most of the health workers have undergone training, but there will be a need for funds to cover in-service refresher courses and for training new health workers after this period. It is anticipated that the district will be able to acquire the necessary funds to cover these costs from the MOH's annual budgetary allocation.

Once A.I.D. funding is terminated, project staff will return to the MOH because these staff are on secondment. This will keep recurrent costs for the project at a minimum.

5.2 Strategies for Increasing Post-Project Sustainability

5.2.1 The project's approach to creating sustainability is based on its emphasis on collaboration with the MOH, as described, and on fostering community participation in project activities. This approach, as described in the DIP, includes the following components:

- Collaboration with the MOH and with other NGOs in the planning and management of project activities.
- Integration of CSP activities into the existing health care system.
- Intensive training of health personnel in areas relevant to Child Survival.
- Allocation of resources by the MOH through normal channels for the activities currently being supported by the project's grants.
- Promotion of community support of and participation in project activities, including initiation of community self-help projects and

encouragement of organized community groups involved in income-generating activities (IGAs).

5.2.2 The use of the provincial medical director as a consultant to the project has had the effect of cutting down costs for consultancy services and has improved efficiency because the provincial medical director is well versed in health activities at the project level. In addition, the combined supervisory visits to the project by WV project staff and MOH staff have also reduced costs.

5.3 Cost Recovery

The MOH is currently reviewing its cost-recovery strategies, including its policy on fee for service, and the project will operate within the new framework produced as a result of these consultations. The promotion of income-generating projects is expected to generate revenues for communities so that they are better to pay for health care at the various health facilities if needed.

The community itself has identified the need for IGAs, and has begun to receive training from WV in this area. WV has a Research and Evaluation officer as part of its staff who has expertise and provides technical assistance to the project in this area.

6. Project Expenditures and Justification for Budget Changes

6.1 Pipeline Analysis

During FY92, the Shamva CSP utilized 28.3% of its total budget, with the majority of these expenditures being on capital, staff, and overhead costs. The slow start can be attributed to delays in hiring staff and securing vehicles and accommodations, and to the importance the project placed initially on training and the building of an infrastructure for project activities.

The Pipeline Analysis is attached.

6.2 Justification of Budget Changes

Due to the importance communities have attached to income-generating projects, the project has set aside a small portion of the budget and made it into a revolving fund instead of providing grants. The Research and Evaluation officer from the Technical Support Services Department will work out the mechanisms and operation of the revolving funds needed to support these activities.

Due to the difficulties in obtaining rented accommodations, the CSP is making arrangements to house its staff at a house built by the District Council.

1992 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
W.V.R.D./ZIMBABWE (SHAMVA) CHILD SURVIVAL PROJECT
#PDC-0500-G-00-1065-00

FIELD	Actual Expenditures To Date (10/1/91 to 9/30/92)			Projected Expenditures Against Remaining Obligated Funds (10/01/92 to 9/30/94)			Total Agreement Budget (Columns 1 & 2) (10/01/91 to 9/30/94)		
COST ELEMENTS	A.I.D.	W.V.R.D.	TOTAL	A.I.D.	W.V.R.D.	TOTAL	A.I.D.	W.V.R.D.	TOTAL
I. PROCUREMENT									
A. Supplies	3,422	0	3,422	26,310	45,283	71,593	29,732	45,283	75,015
B. Equipment	0	82,202	82,202	6,904	(25,369)	(18,465)	6,904	56,833	63,737
C. Services/Consultants	1,500	0	1,500	8,800	14,700	23,500	10,300	14,700	25,000
SUB-TOTAL I	4,922	82,202	87,124	42,014	34,614	76,628	46,936	116,816	163,752
II. EVALUATION/SUB-TOTAL II	9,866	0	9,866	36,534	0	36,534	46,400	0	46,400
III.INDIRECT COSTS									
Overhead on Field (%)	12,003	30,444	42,447	46,811	91,936	138,747	58,814	122,380	181,194
SUB-TOTAL III	12,003	30,444	42,447	46,811	91,936	138,747	58,814	122,380	181,194
IV. OTHER PROGRAM COSTS									
A. Personnel	25,577	0	25,577	124,959	0	124,959	150,536	0	150,536
B. Travel/Per diem	9,217	0	9,217	16,063	35,000	51,063	25,280	35,000	60,280
C. Other Direct Costs	10,436	0	10,436	26,240	14,084	40,324	36,676	14,084	50,760
SUB-TOTAL IV	45,230	0	45,230	167,262	49,084	216,346	212,492	49,084	261,576
TOTAL FIELD	72,021	112,646	184,667	292,621	175,634	468,255	364,642	288,280	652,922

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7. 1992/1993 Work Schedule and Budget

Attached.

SHAMVA CHILD SURVIVAL PROJECT

PROJECT'S WORK PLAN AND BUDGET FOR FISCAL YEAR 1992/1993

ACTIVITY	O	N	D	J	F	M	A	M	J	J	A	S	BUDGET
1. Salaries and Allowances: Project Manager, Area Health Co-ordinator, Project co-ordinator, Bookkeeper, Secretary, Drivers (2), Nurse Aides, Accountant and Seconded Staff	←	—	—	—	—	—	—	—	—	—	—	→	48.344
2. Training													
(a) Refresher course for health workers, extension workers, CBD and preschool teachers.						↔							
(b) Training of farm health workers					↔			↔			↔		
(c) Training of village community workers					↔			↔			↔		
(d) Introduction of health information system	↔												
(e) Traditional midwives workshops						↔			↔			↔	
(f) Review workshops for community leaders	←	—	—	—	—	—	—	—	—	—	—	→	
(g) Training meeting for extension workers, Community Based Distributors and Preschool teachers													10960
3. Travel: (a) Local	←	—	—	—	—	—	—	—	—	—	—	→	
(b) International							↔						18.000

ACTIVITY	O	N	D	J	F	M	A	M	J	J	A	S	BUDGET
4. Supplies And Services													
- Supplies for construction of waiting mothers shelter													
- Supplies for construction of preschool													
- Supplementary Food Production Projects													
- Supplies for Income Generating Activities													
- Supplies for construction of workers's house. (Project Coordinator, Secretary and driver)													46.393
5. Vehicles repairs and maintenance													3.600
6. Communications													2.700
7. Capital expenditures													
(a) 5 refrigerators													
(b) 5 bicycles													9.000
8. Proffesional services													22.800
(a) Evaluation													
(b) Technical Consultancy													
9 Facilities rentals													2640
TOTAL													173.497

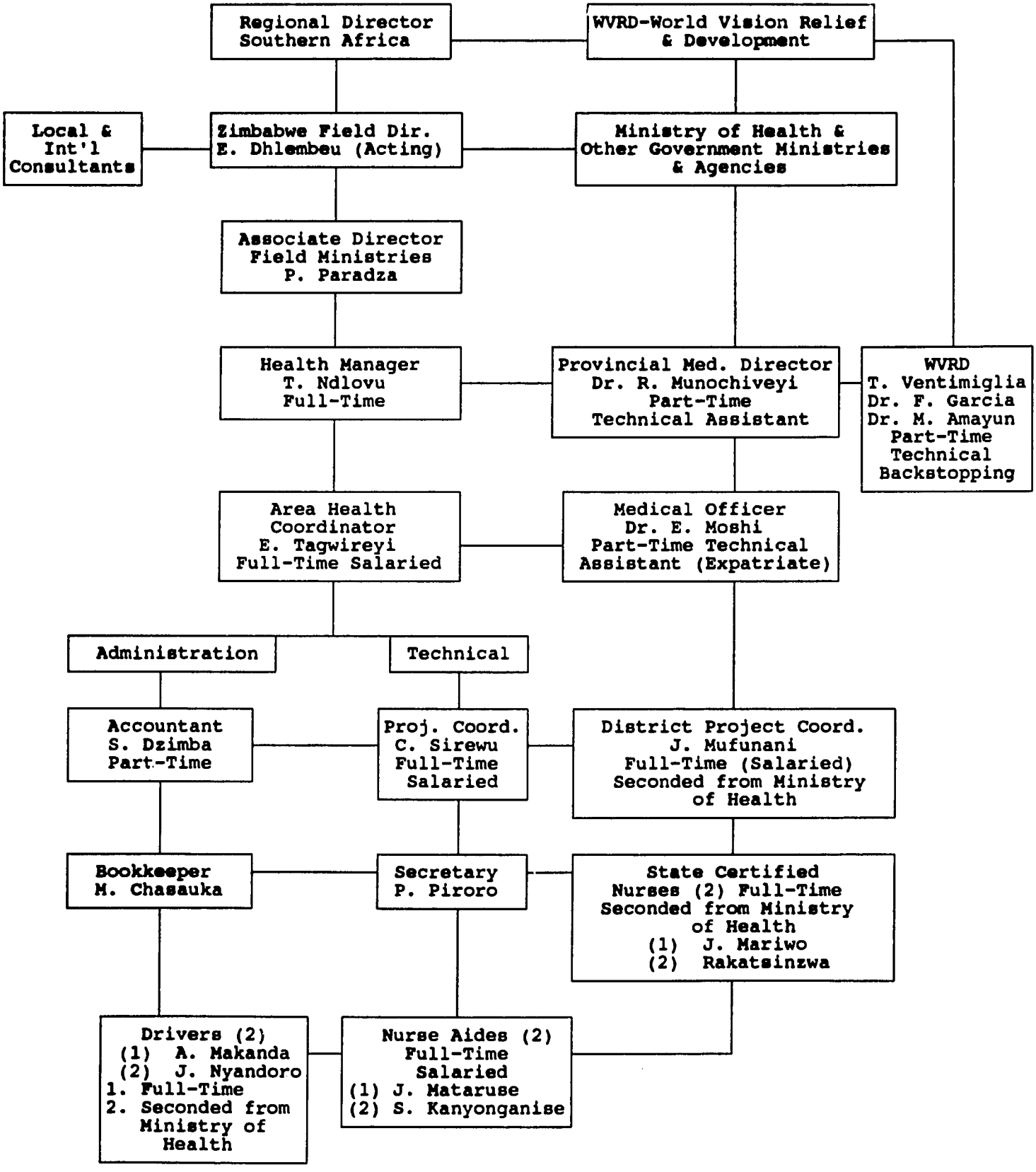
SHAMVA DISTRICT MCH/FP OUTREACH SERVICES 1992

Day	Outreach Point	Health Center	Jan.	Feb.	Mar.	Mar. Apr.	Apr. May	May June	June July	July Aug.	Aug. Sept.	Sept. Oct.	Oct. Nov.	Nov. Dec.	Dec. Jan.
Monday	Gato	Mupfurudzi R.H.	6	3	2	30	27	--	22	20	17	14	12	9	7
Tuesday	Supervision	Shamva R.H.	7	4	3	31	28	26	23	21	18	15	13	10	8
Wednesday	Nyamaroba	Madziwa	8	5	4	1	29	27	24	22	19	16	14	11	9
Thursday	Mupfurudzi/Mupfuti/Hore	Chidembo	9	6	5	2	30	28	25	23	20	17	15	12	10
Friday	Mupfure	Goora	10	7	6	3	--	29	26	24	21	18	16	13	11
Monday	Takawira Village	Bushu	13	10	9	6	4	1	29	27	24	21	19	16	11
Tuesday	Bamboogrek/Ilton	Shamva R.C.	14	11	10	7	5	2	30	28	25	22	20	17	15
Wednesday	Mehanda/Denda	Chindunduma	15	12	11	8	6	3	1	29	26	23	21	18	16
Thursday	Chionde	Chidembo	16	13	12	9	7	4	2	30	27	24	22	19	17
Friday	Zvataida/Chinimine	Mupfurudzi	17	14	13	10	8	5	3	31	28	25	23	20	18
Monday	Chamasarira	Goora	20	17	16	13	11	8	6	3	31	28	26	23	21
Tuesday	Robinhood	Shamva R.C.	21	18	17	14	12	9	7	4	1	29	27	24	22
Wednesday	Shaye/Guyu	Bushu	22	19	18	15	13	10	8	5	2	30	28	25	23
Thursday	Nyamaruro/Garande	Chihuri	23	20	19	16	14	11	9	6	3	1	29	26	24
Friday	Mutoramhepo/Muringamombe/	Bushu	24	21	20	--	15	12	10	7	4	2	30	27	--
Monday	Nyarukunda	Madziwa	27	24	23	--	18	15	13	10	7	5	2	30	28
Tuesday	Riverband/Masimbi	Shamva R.C.	28	25	24	21	19	16	14	--	8	6	3	1	29
Wednesday	Chizanga	Goora	29	26	25	22	20	17	15	--	9	7	4	2	30
Thursday	Bushu/Chishapa	Shamva	30	27	26	23	21	18	16	13	10	8	5	3	31
Friday	Chidumbwi I & II/Bore	Bushu	31	28	27	24	22	19	17	14	11	9	6	4	1

N.B. Clinics to book transport for school health services.

APPENDIX 2

SHAMVA CHILD SURVIVAL PROJECT: ORGANIZATIONAL CHART



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APPENDIX 3

PERSONNEL STAFF FROM OCTOBER 1991 TO AUGUST 1992

	Personnel		Contribution of Time Over Three Years
1.	Field Country Director		12 persons-months
2.	Health Manager		18 persons-months
3.	Area Health Coordinator		24 persons-months
4.	Technical Consultant		12 persons-months
5.	Consultant in the relevant field		3 persons-months
6.	Project Coordinator		36 persons-months
7.	Bookkeeper		36 persons-months
8.	Driver		36 persons-months
9.	Secretary		36 persons-months
10.	Nurse Aides x 2		36 persons-months
11.	**Seconded Staff from MOH**		
	a. District Project Coordinator	x 1	36 persons-months
	b. State Certified Nurses	x2	36 person-months
	c. Driver	x1	36 persons-months

APPENDIX 4

SHAMVA CSP HIS FORMS

KENYA CHILD SURVIVAL PROJECT

CBD UNIT MONTHLY WORK CHECK

PROVINCE: .....

CBD UNIT LEADER: ..... DISTRICT ..... MONTH: ..... 199 .....

[illegible]	REFERRALS		NP & NO OF FILL PKTS				REFS & NO OF FILL PKTS				DUPLEX		SALES		REVE		ON HAND:			ESTOCKING			TOTAL	
	NF	[illegible]	NP	COC	NF	IOP	RVES	COC	RVTS	IGF	METH	OTHER	COC	IOP	$	O	COC	IOP	COND.	COC	IOP	COND.	COC	IOP

FORM F

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FORM I

...A CHILD SURVIVAL PROJECT : MASHONALAND CENTRAL

: UNITY BASED INFORMATION SYSTEM : TALLY SHEET : WEEK ENDING.....

OF DISEASES/CONDITIONS TREATED	NUMBER OF CASES											
	Under 5 years				5-14 years				15 years and over			
. Malaria	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
. Diarrhoea	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
. Fever	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
. Minor injuries	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
. All other conditions/diseases	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
. Deliveries by trained traditional midwives	/	/	/	/	/	/	/	/	00000	00000	00000	00000
. Deliveries by untrained traditional midwives									00000	00000	00000	00000
. Live births (total)	00000	00000	00000	00000	/	/	/	/	/	/	/	/
. Live births (if any) below 2500g	00000	00000	00000	00000	/	/	/	/	/	/	/	/
10. Still births (if any)	00000	00000	00000	00000	/	/	/	/	/	/	/	
11. Neontala death (if any)	00000	00000	00000	00000	/	/	/	/	/	/	/	
12. Ante natal cases referred to BHC/Hospital	/	/	/		/	/	/	/	00000	00000	00000	00000
13. No of households visited	00000	00000	00000	00000								
Deaths (if any) all age groups	00000	00000	00000	00000								

FORM II

SHIMIVA CHILD SURVIVAL PROJECT

COMMUNITY BASED INFORMATION SYSTEM

WEEK ENDING.....

LIST OF DISEASES/CONDITIONS INCLUDED	NUMBER OF CASES		
	Under 5 years	5 - 14 years	15 years and over
1. Malaria			
2. Diarrhoea			
3. Fever			
4. Minor injuries			
5. All other conditions/diseases			
6. Deliveries by trained traditional midwives			
7. Deliveries by untrained traditional midwives			
8. Live-births (total)			
9. Live-births below 2 500g			
10. Still births (if any)			
11. Neonatal deaths			
12. Antenatal cases referred to RHC/Hospital			

Comments:-

DATE REPORTED

NAME OF REPORTER

NAME OF VILLAGE/FARM

FORM III

[illegible]

MASHONALAND CENTRAL

RECORD OF CHILDREN WHO HAVE LOST WEIGHT AND THOSE BELOW THE LINE

MONTH:..... YEAR:...

DATE	NAME OF CHILD	PHYSICAL RESIDENTIAL	VACCINATION STATUS	AGE	SEX	WEIGHT	HEIGHT	CONDITION/DISEASE (IF ANY)

DATE REPORTED .....

NAME OF REPORTER .....

NAME OF VILLAGE/FARM .....

FORM IV

SHAMVA CHILD SURVIVAL PROJECT: MASHONALAND CENTRAL

MONTH ..... YEAR .....

WATER AND SANITATION SUPPLIES

1. NEW WATER SUPPLIES

LOCATION (VILLAGE/WARD/AREA)	NUMBER OF			
	Protected wells	Protected springs	Boreholes	Other

2. SANITATION

LOCATION	NUMBER OF NEW SOURCES		
	WATER CLOSETS	BLAIR	OTHER

3. SANITATION

LOCATION	NUMBER OF		
	REFUSE PITS DUG	POTS RACKS BUILT	OTHER CONSTRUCTION

MINISTRY OF HEALTH

OUT PATIENT TALLY SHEET

DISEASE GROUPS	UNDER 5 YEARS	TOTAL	5 – 14 YEARS	TOTAL	15 YEARS AND OVER	TOTAL
1. Bilharziasis (Schistosomiasis)	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
2. Diarrhoea With – No Dehydration	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
Moderate Dehydration	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
Severe Dehydration	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
3. Diarrhoea – Chronic	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
4. Malaria - (a) Clinical	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
- (b) Positive Slides *	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
5. A.R.I. – Mild (Coughs & Colds)	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Moderate (Mild Pneumonia)	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
Severe (Severe Pneumonia)	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
6. Ear, Nose and Throat	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
7. Other Respiratory Diseases	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
8. S.T.D. – Discharge (Vaginal & Urethral)	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Pelvic Inflammatory Diseases	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Ophthalmia Neonatarium	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Genital Ulcers	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Other forms of STD.	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
9. Aids – Related Complex	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– HIV + without symptoms	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Full blown	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
10. Diseases of the Eye – Cataracts	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Trachoma	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Conjunctivitis	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
– Others	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
11. Mental Disorders	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
12. Nervous Disorders	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
13. Skin Diseases	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
14. Malnutrition	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
15. Burns – only	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
16. All other injuries	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
17. Poisonings and Toxic Effects	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
18. Dental Conditions	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
19. All other diseases, not listed above	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
22. REPEAT VISITS	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
24. Referrals to	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
25. Locally monitored diseases (specify)						
(a)	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
(b)	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	
(c)	00000 00000 00000 00000 00000		00000 00000 00000 00000 00000		00000 00000 00000 00000 00000	

MINISTRY OF HEALTH **MONTHLY RETURN**

62775 – 9
T5

REPORTING CENTRE ..... TO: .....

MONTH OF ..... 19.....

NO. OF CENTRES TO REPORT	
NO. ACTUALLY SUBMITTED	

IMMUNISATIONS	Under one year	One year and over
Total Attendances		
BCG Initial (.....		
BCG Booster (5 years +)	//////	
Polio 1 (3 months)		
Polio 2 (4 months)		
Polio 3 (5 months)		
Polio Booster 1 (18 months)	//////	
Polio Booster 2 (5 years +)	//////	
DPT 1 (3 months)		
DPT 2 (4 months)		
DPT 3 (5 months)		
DPT Booster (18 months)	//////	
DT 1		
DT 2		
DT Booster (5 years)	//////	
HBV 1 (3 months)		
HBV 2 (4 months)		
HBV 3 (9 months)		
Measles (9 months)		
Primary Course Completed		

TETANUS TOXOID VACCINES		
Women of child bearing age	1st dose	
	2nd dose	
	3rd dose	
	4th dose	
	5th dose	
Given to Casualties		

Date reported .....

Reported by: .....

Title .....

ANTENATAL AND POSTNATAL	
First Antenatal visit	
Second Antenatal visit	
Third Antenatal visit	
Fourth Antenatal visit	
Fifth Antenatal visit and over	
Antenatal referrals	
Postnatal visits	
PAP smear taken	
PAP smear positive	
RPR tests done	
RPR tests positive	

MATERNITY	
Live births – Hosp./clinics	
Live births – Trained T.M.	
– Untrained T.M.	
– Born Before Arrival	
Total all live births	
Live Births under 2.5kg	
Stillbirths – Fresh	
– Macerated	
Stillbirths under 2.5kg	
Early neonatal deaths (0-7 days)	
Late neonatals deaths (8-28 days)	
Neonatal deaths under 2.5kg	
Maternal deaths	
Martenal referrals	

MASTER CARD SUMMARY			
Age in months	Total children		
	weighed	Below	%
0 – 5			
6 – 11			
12 – 23			
24 – 59			

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MINISTRY OF HEALTH

E.P.I. TALLY SHEET

CLINIC/HOSPITAL .....

MONTH AND YEAR .....

	UNDER ONE YEAR	TOTAL	ONE YEAR AND OVER	TOTAL
Total Attendances	00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
	VACCINE DOSE			
BCG Initial	00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
BCG Booster 5 years +			00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Polio 1 (3 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Polio 2 (4 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Polio 3 (5 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Polio Booster 1 (18 months)			00000 00000 00000 00000 00000 00000	
Polio Booster 2 (5 years +)			00000 00000 00000 00000 00000 00000	
DPT 1 (3 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
DPT 2 (4 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
DPT 3 (5 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
DPT Booster (18 months)			00000 00000 00000 00000 00000 00000	
DT 1	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
DT 2	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
DT Booster (5 years +)			00000 00000 00000 00000 00000 00000	
HBV 1 (3 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
HBV 2 (4 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
HBV 3 (5 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Measles (9 months)	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
Primary Course Completed	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000		00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	
	TETANUS TOXOID			
Women of Child Bearing Age — 1st Dose	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000			
2nd Dose	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000			
3rd Dose	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000			
4th Dose	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000			
5th Dose	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000			
CASUALTIES — TT Administered to accident patients	00000 00000			

GROWTH AND DEVELOPMENT CHART

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.

BIRTH WEIGHT _____

DATE OF BIRTH _____

MODE OF DELIVERY _____

DURATION OF LABOUR _____

Kg 13 12 11 10 9 8 7 6 5 4 3 2 1

Sitting

1 2 3 4 5 6 7 8 9 10 11 12

BIRTH – 1 year

WRITE THE MONTH OF BIRTH IN THE HEAVILY MARKED BOX.

FILL IN ALL THE MONTHS

Kg 17 16 15 14

Walking

13 14 15 16 17 18 19 20 21 22 23 24

1 – 2 years

Kg 18

MAMA

Talking

25 26 27 28 29 30 31 32 33 34 35 36

2 – 3 years

Kg 21 20 19

37 38 39 40 41 42 43 44 45 46 47 48

3 – 4 years

22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5

49 50 51 52 53 54 55 56 57 58 59 60

4 – 5 years

AT RISK FACTORS
WRITE YES OR NO WHERE APPLICABLE

BIRTH WEIGHT LESS THAN 2.5 Kg		BIRTH INTERVAL LESS THAN 2 YEARS	
FIFTH CHILD OR MORE		SINGLE PARENT	
MULTIPLE BIRTHS		DEATH OF ANY CHILD UNDER FIVE IN FAMILY	

RECORD ON THE CHART
DIARRHOEA MEASLES.
SOLIDS INTRODUCED,
TALKING. CRAWLING.
BREASTFEEDING STOPPED
BIRTH OF NEXT CHILD.

LIKE THIS: DIARRHOEA SOLIDS CRAWLING

NCHS STANDARDS

DATE	WEIGH

CONTRACEPTION / F.P.
KURONGA MHURI.
UKWAKHA IMULI

TYPE MHANDO UHLOBO	DATE STARTED ZUVA REKUTANGA ILANGA LOKUQHALISA	DATE STOPPED ZUVA REKUPEDZISA ILANGA LOKUCINA

TETANUS TOXOID (T.T)
AMAJEKISENI AWOKUVIKELA AMAKELANI.
MAJEKISENI EKUDZIVIRIRA CHIOMESA SHAYA

DATE GIVEN

1st DOSE: .....
JEKISENI REKUTANGA
IJEKISENI LOKUQHALA

2nd DOSE: .....
JEKISENI RECHIPIRI
IJEKISENI LESIBILI

3rd DOSE: .....
JEKISENI RECHITATU
IJEKISENI LESITHATHU

4th DOSE: .....
JEKISENI RECHINA
IJEKISENI LESINE

5th DOSE: .....
JEKISENI RECHISHANU
IJEKISENI LESIHLANU

NB: Doses 1 & 2 to be given 1 month apart. Doses 3, 4, 5, to be given 1 year apart or with subsequent pregnancy.

ONAI KUTI: Jekiseni rokutanga ne rechipiri anosiyana nomwedzi pakubayiwa. Majekiseni rechitatu, rechina, nereshanu anosiyana negore pakubayiwa kana kuti panhumbu dzinotevera.

QAPHELA: Ijekiseni yokuqala leyesibili zitshiyane ngenyanga, eyesithathu, leyesine, eyesihlanu zitshiyane ngomnyaka. Loba ngokusithwala okulandelanayo.

ANTENATAL ADMISSIONS/KUPUHWA MUBHEDA WEPAMUVIRI/UKULALISWA ESIBHEDLELA.

Date Zuva Ilanga	Diagnosis Chirwere Umukhuhlane	Treatment Mishonga' Ukwelatshwa

ZIMBABWE MOTHERS CARD
KHADHI RA AMAI
IKHADHI LIKAMAMA

NAME/ZITA/IBIZO: .....

ADDRESS/KERO/IKHELI: .....

HEALTH CENTRE/CHIPATARA/KIRINIKI: .....
ISIBHEDHLELA/KILINIKI

DISTRICT/DUNHU/UMKHONO: .....

DATE OF BIRTH/ZUVA REKUZVARWA/ILANGA LOKUZALWA: .....

MEDICAL HISTORY : AT-RISK FACTORS.
NHOROONDO YEUTANO : ZVINENGOZI.
INDABA YEMPILO : OKULENGOZI.

Blood Group	☐	Rhesus	☐
High BP/BP Rakakwira IBP elikwelileyo	☐	Cardiac/Zvirwere zvemwoyo Isifo senhliziyo	☐
Asthmatic/Chirwere chechipfuva Ufuba lokugcwalela	☐	Diabetic/Chirwere cheshuga Isifo setshukela	☐
Epileptic/Zvipusha/Pfari Isithuthwane	☐	TB/Chirwere chorurindi Ufuba	☐
Goitre/Chirwere chegurokure Igilo elivuvukileyo	☐	Allergies/Nyavini yokusawirana nezvinhu Inkome	☐
Abdominal Operations Maoperation emudumbu Ukuhlinzwa isisu	☐	Psychiatric Problems Zvirwere zvepfungwa Imikhuhlane yengqondo	☐
Other/Nezvimwewo/Eminye	☐	Anaemia	☐

OBSTETRIC AT-RISK FACTORS.
ZVINENGOZI MAERERANO NEZVECHIKADZI
INGOZI EZIMAYELANA LOKUBELETHA.

Previous C/S Maoperation ekubira S Ukuhlinzwa okusayelana lokubeletha	☐	APH/PPH Kubuda ropa rakawanda musesheni mukubera/ mukusunungula/emophela	☐
2 or more consecutive abortions. KUBVA pamwvii kwvii kana kupfuura/ukuwela ekwedula	☐	Hypertension or previous PET. Kukwira BP Ukwelatshwa	☐
2 or more premature deliveries. Vana vakazvarwa vasina kukwana	☐	Ukukhwela BP Previous neonatal death. Vana vakashaya vochangezvarwa	☐
Stillbirths	☐	Abantwana abafa besandwa kuzalwa	
Vana vakazvarwa vakafa Ukuswela umntwana			

62779-1
100

CHILD SPACING

Province ..... Clinic ..... Month ..... Closing date .....

Total number of new clients seen in months was .....

Total number of revisits by old clients was .....

CONTRACEPTIVES	Column (A)	Column (B)	Column (C)	Column (D)	Column (E)
	Balance of stock on last day of previous month	Stock received in current month	Add Columns (A) and (B)	Issues during current month	Balance of stock on last day of current month subtract column (D) from column (C)
1. Minovular (28)					
2. Femenal (28)					
3. Lo Femenal (28)					
4. Ovrette (28)					
5. Micronovum (28)					
6. Other Pills/Methods not listed					
7.					
8. Condoms (By strips of 4)					
9. Injectables Number of Vials					
10. Intra Uterine Devices					
11. Total Sterilizations/ Current month Column (D)					

Remarks (If Any)

Signed by ..... *Rank* .....

MINISTRY OF HEALTH

MONTHLY RETURN NOTIFIABLE DISEASES

District ..... Month and year .....

NUMBER OF CASES AND DEATHS

Disease	Suspected cases	Laboratory confirmed cases	Deaths
Cholera			
Plague			
Yellow fever			
Typhus			
Viral haemorrhagic fever			
Rabies			
Anthrax			
Diptheria			
Poliomyelitis			
Hepatitis			
Meningococcal meningitis			
Typhoid			

REMARKS: .....

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Date reported: .....

Reported by:

Name: .....

Title: .....

MINISTRY OF HEALTH

NOTIFICATION OF INFECTIOUS DISEASE

Section 19 of the Public Health Act [*Chapter 328*]

Note.—All suspected cases of the notifiable diseases listed on the cover must be notified to the DMO or Officer-In-Charge of a district by telephone and then followed up with copies of this form to the DMO and PMD/City MOH.

From	To
..... *Name of clinic/hospital/area*	MOH ..... City DMO ..... District PMD ..... Province

I hereby notify you that the under-mentioned person $\frac{\text{is suffering}}{\text{has died}}$ from

Diagnosis .....

Confirmed by laboratory test: Yes [ ] No [ ]

Type of test .....

Date of admission/Detection ..... Case number .....

Name ....
(*First names*) (*Surname*)

Age ..... Date of birth ..... Sex .....

Identification particulars .....

Physical address on admission/disease detection .....

Length of stay (at the above address) .....

Communal land ..... Chief/Chairman .....

Headman/Ward ..... Kraal/Village .....

Nearest dip-tank/school .....

Next of kin .....

Usual residential address if different from above .....

Name and address of employer/school .....

.....

.....

Give physical addresses of places visited during last month and length of stay .....

.....

.....

Place of probable infection ..... Date of onset .....

Probable source of infection ..... Date of probable infection .....

Transferred to ..... Date of transfer .....

Notifying officer .....
(*in capitals*)

Title .....

Date ..... Signature .....

TUBERCULOSIS NOTIFICATION FORM

FORM A

1. Province ☐☐ District ☐☐ Centre ☐☐ Number ☐☐☐☐☐☐

Surname Weight in kg ☐☐☐ Date ☐☐☐☐☐☐

First name

Address I Address II Address III

2. Sex: Male = 1
Female = 2 ☐

3. Age: Below 1 year ☐
To nearest full year ☐☐

Scar: Present = 1
Absent = 2 ☐

4. Marital status:
Single = 1
Married = 2
Divorced = 3
Widowed = 4
Never married = 5 ☐

5. BCG: Yes = 1
No = 2 ☐

6. Mantoux: Not done = 1
Negative = 2
6–10 mm = 3
11–15 mm = 4
16–20 mm = 5
21–25 mm = 6
Over 25 mm = 7 ☐

7. Heaf: Not done = 1
Negative = 2
Grade 1 = 3
Grade 2 = 4
Grade 3 = 5
Grade 4 = 6 ☐

8. Sputum: (+ve) = 1
(−ve) = 2 ☐

9. Histology: (+ve) = 1
(−ve) = 2
Not available = 3 ☐

10. Presenting symptoms (tick):

Cough	☐	Chest pain	☐	Headache	☐
Weight loss	☐	Night sweats	☐	Swellings	☐
Haemoptysis	☐	Abdominal pain	☐	Joint pain	☐

11. Diagnosis (tick):

PTB	☐	Miliary TB	☐	TB endocarditis	☐	TB pleural effusion	☐
Primary TB	☐	TB peritonitis	☐	TB lymphadenitis	☐	Gynaecological TB	☐
TB meningitis	☐	TB pericarditis	☐	TB bones and joints	☐	Other forms of TB	☐

Specify

12. Chest X-ray appearance (tick):

Clear	☐	Left cavitation	☐	Hylar lymphadenopathy	☐
Miliary mottling	☐	Right cavitation	☐	Right pleural effusion	☐
Bilat cavitation	☐	Bilat infiltration	☐	Left pleural effusion	☐
Bilat pleural effusion	☐	Enlarged heart shadow	☐	Other	☐

Specify

13. Case (tick):

New case	☐	Absconder	☐	Reinfection	☐
Readmission due to relapse	☐	Relapse after Rx	☐	Other	☐
Relapse due to default	☐	Reactivation	☐	Specify	

G.P. & S. 33225-N. 1/ T 9

QUARTERLY RETURN ON IN-PATIENTS

Hospital ..... Quarter and year .....

Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
01 INFECTIOUS DISEASES													
010 Cholera													
011 Typhoid fever													
012 Shigellosis													
013 Food poisoning													
014 Amoebiasis													
015 Intestinal infections due to other specified organism													
016 Ill-defined intestinal infections													
019 All other intestinal infectious diseases													
02 TUBERCULOSIS													
020 Pulmonary tuberculosis													
021 Other respiratory tuberculosis													
022 Tuberculosis of meninges and central nervous system													
023 Tuberculosis of intenstines, peritoneum and mesenteric glands													
024 Tuberculosis of bones and joints													
025 Tuberculosis of genitourinary system													
029 All other tuberculosis													
03 OTHER BACTERIAL DISEASES													
030 Plague													
031 Brucellosis													
032 Leprosy													
033 Diptheria													
034 Whooping cough													
035 Streptococcal sore throat, scarlatina and erysipelas													
036 Meningococcal infection													
037 Tetanus													
038 Septicaemia													
039.0 Anthrax													
039.9 All other bacterial diseases													
04 VIRAL DISEASES													
040 Acute poliomyelitis													
041 Smallpox													
042 Measles													
043 Rubella													

C = Cases; D = Deaths; T = Transfers; A = Abscond

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Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
044 Yellow fever													
045 Arthropod-borne encephalitis													
046 Viral hepatitis													
047 Rabies													
048 Trachoma													
049 All other viral diseases													
05 RICKETTSIOSIS AND OTHER ARTHROPOD-BORNE DISEASES 050 Louse-borne typhus													
051 Other rickettsiosis													
052 Malaria													
053 Leishmaniasis													
054 Trypanosomiasis													
059 All other rickettsiosis and arthropod-borne diseases													
06 VENEREAL DISEASES 060 Syphilis													
061 Gonococcal infections													
069.0 Chancroid													
069.9 All other venereal diseases													
07 OTHER INFECTIOUS AND PARASITIC DISEASES AND LATE EFFECTS OF INFECTIOUS AND PARASITIC DISEASES 070 Non-syphilitic spirochaetal diseases													
071 Mycosis													
072 Schistosomiasis													
073 Echinococcosis													
074 Filarial infection and dracontiasis													
075 Ancylostomiasis and necatoriasis													
076 Other helminthiasis													
077 Late effects of tuberculosis													
078 Late effects of acute poliomyelitis													
079 All other diseases in 07													
08 MALIGNANT NEOPLASM OF LIP, ORAL CAVITY AND PHARYNX													
09 MALIGNANT NEOPLASM OF DIGESTIVE ORGANS AND PERITONEUM 090 Malignant neoplasm of oesophagus													
091 Malignant neoplasm of stomach													
092 Malignant neoplasm of small intestine, including duodenum													
093 Malignant neoplasm of colon													
094 Malignant neoplasm of rectum, rectosigmoid junction and anus													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

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Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
095 Malignant neoplasm of liver, specified as primary													
096 Malignant neoplasm of pancreas													
099 All other diseases in 09													
10 MALIGNANT NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS 100 Malignant neoplasm of larynx													
101 Malignant neoplasm of trachea, bronchus and lung													
109 All other diseases in 100													
11 MALIGNANT NEOPLASM OF BONE, CONNECTIVE TISSUE, SKIN AND BREAST 110 Malignant neoplasm of bone and articular cartilage													
111 Malignant melanoma of skin													
112 Other malignant neoplasm of skin													
113 Malignant neoplasm of female breast													
119 All other diseases in 111													
12 MALIGNANT NEOPLASM OF GENITOURINARY ORGANS 120 Malignent neoplasm of cervix uterine													
121 Malignant neoplasm of placenta													
122 Malignant neoplasm of uterus, other and unspecified													
123 Malignant neoplasm of ovary and other uterine adnexa													
124 Malignant neoplasm of prostate													
125 Malignant neoplasm of testis													
126 Malignant neoplasm of bladder													
129 All other diseases in 12													
13 MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES 130 Malignant neoplasm of brain													
139 All other diseases in 13													
14 MALIGNANT NEOPLASM OF LYMPHATIC AND HAEMOPOITIC TISSUE 140 Hodgkin's disease													
141 Leukaemia													
149 All other diseases in 14													
15 BENIGN NEOPLASM 150 Benign neoplasm of skin													
151 Benign neoplasm of breast													
152 Benign neoplasm of uterus													
153 Benign neoplasm of ovary													
154 Benign neoplasm of kidney and other urinary organs													
155 Benign neoplasm of nervous system													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

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Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
156 Benign neoplasm of thyroid													
159 All other diseases in 15													
16 CARCINOMA IN SITU													
17 OTHER AND UNSPECIFIED NEOPLASM													
18 ENDOCRINE AND METABOLIC DISEASES, IMMUNITY DISORDERS 180 Disorders of thyroid gland													
181 Diabetes mellitus													
182 Hyperlipoproteinaemia													
183 Obesity of non-endocrine origin													
189 All other diseases in 18													
19 NUTRITIONAL DEFICIENCES 190 Kwashiorkor													
191 Nutritional marasmus													
192 Other protein-caloric malnutrition													
193 Avitaminosis													
199 All other diseases in 19													
20 DISEASES OF BLOOD AND BLOODFORMING ORGANS 200 Anaemics													
209 All other diseases in 20													
21 MENTAL DISORDERS 210 Senile and presenile organic psychotic conditions													
211 Schizoprenic psychoses													
212 Affective psychoses													
213 Other psychoses													
214 Neurotic and personality disorders													
215 Alcohol dependence syndrome													
216 Drug dependence													
217 Physiological malnutrition arising from mental factors													
218 Mental retardation													
219 All other diseases in 21													
22 DISEASES OF THE NERVOUS SYSTEM 220 Meningitis													
211 Other degenerative and hereditary disorders of the central nervous system													
223 Multiple sclerosis													
224 Infantile cerebral palsy and other paralytic syndromes													
225 Epilepsy													
229 All other diseases in 22													
23 DISORDERS OF THE EYE AND ADNEXA 230 Glaucoma													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

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Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
231 Cataract													
232 Blindness and low vision													
233 Conjunctivitis													
234 Disorders of lacrimal system													
235 Strabismus and other disorders of binocular eye movements													
239 All other diseases in 23													
24 DISEASES OF THE EAR AND MASTOID PROCESS 240 Otitis medial and mastoiditis													
241 Deafness													
249 All other diseases in 24													
25 RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE 250 Acute rheumatic fever													
251 Chronic rheumatic heart disease													
26 HYPERTENSIVE DISEASE 260 Hypertensive heart disease													
269 All other diseases in 26													
27 ISCHAEMIC HEART DISEASE 270 Acute myocardial infection													
279 All other diseases in 27													
28 DISEASES OF PULMONARY CIRCULATION AND OTHER FORMS OF HEART DISEASE 280 Pulmonary embolism													
281 Cardia dysrhythmias													
289 All other diseases in 28													
29 CEREBROVASCULAR DISEASE 290 Subarachnoid haemorrhage													
291 Intracerebral and other intracranial haemorrhage													
292 Cerebral infarction													
293 Acute but ill-defined cerebrovascular disease													
294 Cerebral atherosclerosis													
299 All other diseases in 29													
30 OTHER DISEASES OF THE CIRCULATORY SYSTEM 300 Atherosclerosis													
301 Arterial embolism and thrombosis													
302 Other diseases of arteries, arterioles and capillaries													
303 Phlebitis, thrombophlebitis, venous embolism and thrombosis													
304 Varicose veins of lower extremities													
305 Haemorrheids													
309 All other diseases in 30													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A		D	T	A	
31 DISEASES OF THE UPPER RESPIRATORY TRACT 310 Acute tonsillitis													
311 Acute laryngitis and tracheitis . . .													
312 Other acute upper respiratory infections .													
313 Deflected nasal septum and nasal polyps .													
314 Chronic pharyngitia, nasopharyngitis and sinusitis													
315 Chronic disease of tonsils and adenoids .													
319 All other diseases in 31													
32 OTHER DISEASES OF THE RESPIRATORY SYSTEM 320 Acute bronchitis and bronchiolitis . .													
321 Pneumonia													
322 Influenza													
323 Bronchitis, chronic and unspecified, emphysema and asthma													
324 Brochiectasis													
325 Other chronic obstructive pulmonary disease													
326 Pneumoconiosis and other lung disease due to external agents													
327 Pleurisy													
329 All other diseases in 32													
33 DISEASES OF ORAL CAVITY, SALIVARY GLANDS AND JAWS 330 Diseases of teeth and supporting structures													
331 Diseases of the jaws													
339 All other diseases in 33													
34 DISEASES OF OTHER PARTS OF THE DIGESTIVE SYSTEM 340 Diseases of oesophagus													
341 Ulcer of stomach and duodenum . .													
342 Appendicitis													
343 Hernia of abdominal cavity													
344 Intestinal obstruction without mention of hernia													
345 Diverticula of intestine													
346 Other functional digestive disorders . .													
347 Chronic liver disease and cirrhosis . .													
348 Cholelithiasis and cholecystitis . . .													
349 All other diseases in 34													
35 DISEASES OF URINARY SYSTEM 350 Nephritis, nephrotic syndrome and nephrosis													
351 Infections of kidney													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

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Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A		D	T	A	
31 DISEASES OF THE UPPER RESPIRATORY TRACT 310 Acute tonsillitis													
311 Acute laryngitis and tracheitis													
312 Other acute upper respiratory infections													
313 Deflected nasal septum and nasal polyps													
314 Chronic pharyngitia, nasopharyngitis and sinusitis													
315 Chronic disease of tonsils and adenoids													
319 All other diseases in 31													
32 OTHER DISEASES OF THE RESPIRATORY SYSTEM 320 Acute bronchitis and bronchiolitis													
321 Pneumonia													
322 Influenza													
323 Bronchitis, chronic and unspecified, emphysema and asthma													
324 Brochiectasis													
325 Other chronic obstructive pulmonary disease													
326 Pneumoconiosis and other lung disease due to external agents													
327 Pleurisy													
329 All other diseases in 32													
33 DISEASES OF ORAL CAVITY, SALIVARY GLANDS AND JAWS 330 Diseases of teeth and supporting structures													
331 Diseases of the jaws													
339 All other diseases in 33													
34 DISEASES OF OTHER PARTS OF THE DIGESTIVE SYSTEM 340 Diseases of oesophagus													
341 Ulcer of stomach and duodenum													
342 Appendicitis													
343 Hernia of abdominal cavity													
344 Intestinal obstruction without mention of hernia													
345 Diverticula of intestine													
346 Other functional digestive disorders													
347 Chronic liver disease and cirrhosis													
348 Cholelithiasis and cholecystitis													
349 All other diseases in 34													
35 DISEASES OF URINARY SYSTEM 350 Nephritis, nephrotic syndrome and nephrosis													
351 Infections of kidney													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
352 Urinary calculus													
353 Cystitis													
359 All other diseases in 35													
36 DISEASES OF MALE GENITAL ORGANS 360 Hyperplasia of prostate													
361 Hydrocele													
362 Redundant prepuce and phimosis													
362 Infertility, male													
369 All other diseases in 36													
37 DISEASES OF FEMALE GENITAL ORGANS 370 Diseases of breast													
371 Salpingitis and oophoritis													
372 Inflammatory disease of pelvic cellular tissue and peritoneum													
373 Inflammatory diseases of uterus, vagina and vulva													
374 Uterovaginal prolapse													
375 Menstrual disorders													
376 Infertility, female													
379 All other diseases in 37													
38 ABORTION 380 Spontaneous abortion													
381 Legally induced abortion													
382 Illegally induced abortion													
389 All other diseases in 38													
39 DIRECT OBSTETRIC CAUSES 390 Haemorrhage of pregnancy and childbirth													
391 Toxaemia of pregnancy													
392 Infections of genitourinary tract in pregnancy													
393 Obstructed labour 394 Complications of the puerperium													
399.0 Breach													
399.1 Caesarean section													
399.2 Forceps													
399.3 Vacuum extraction													
399.4 Other complications													
399. All other diseases in 39													
40. Indirect obstetric causes													
41 NORMAL DELIVERY													
42 DISEASES OF SKIN AND SUBCUTANEOUS TISSUE 420 Infections of skin and subcutaneous tissue													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

Disease/Condition	Under 1 year				1-4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
429 All other diseases in 42													
43 DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE 430 Rheumatoid arthritis, except spine													
431 Other arthropathies													
432 Other disorders of joints													
433 Ankylosing spondylitis													
434 Other dorsopathies													
435 Rheumatism excluding the back													
436 Osteomyelitis, periostitis and other infections involving bone													
437 Acquired deformities of limbs													
439 All other diseases in 43													
44 CONGENITAL ANOMALIES 440 Spina bifida and hydrocephalus													
441 Other deformities of central nervous system													
442 Congenital anomalies of heart and circulatory system													
443 Cleft palate and cleft lip													
445 Undescended testicle													
446 Congenital dislocation of hip													
447 Other congenital anomalies of musculoskeletal system													
449 All other diseases in 44													
45 CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD 450 Maternal conditions affecting fetus or newborn													
451 Obstetric complications affecting fetus or newborn													
452 Slow fetal growth, fetal malnutrition and immaturity													
453 Birth trauma													
454 Hypoxia, birth asphycia and other respiratory conditions													
455 Haemolytic diseases of fetus or newborn													
459 All other diseases in 45													
46 SIGNS, SYMPTOMS, AND ILL DEFINED CONDITIONS 460 Pyrexia of unknown origin													
461 Symptoms involving heart													
462 Renal colic 463 Retention of urine													
464 Abdominal pain													
465 Senility without mention of psychosis													
466 Sudden infant death syndrome													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

Disease/Condition	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
467 Respiratory failure													
469 All other diseases in 46													
47 FRACTURES 470 Fractures of skull and face													
471 Fracture of neck and trunk													
472 Fracture of humerus, radius and ulna .													
474 Fracture of other parts of femur . . .													
475 Fracture of tibia, fibula and ankle . .													
476 Other fractures of limbs													
479 All other diseases in 47													
48 DISLOCATION, SPRAINS AND STRAINS . . .													
49 INTRACRANIAL AND INTERNAL INJURIES, INCLUDING NERVES 490 Concussion													
491 Other intracranial injuries													
499 All other diseases in 49													
50 OPEN WOUNDS AND INJURY TO BLOOD VESSELS 500 Open wound of eye, ear and head . .													
501 Open wound of upper limb													
502 Open wound of lower limb													
509 All other diseases in 50													
51 EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE													
52 BURNS 520 Burn confined eye and adnexa . . .													
521 Burn of wrist and hand													
529 All other diseases in 52													
53 POISONINGS AND TOXIC EFFECTS 530 Medicinal agents													
54 COMPLICATIONS OF MEDICAL AND SURGICAL CARE													
55 OTHER INJURIES, EARLY COMPLICATIONS OF TRAUMA													
56 LATE EFFECTS OF INJURIES, OF POISONING, OF TOXIC EFFECTS AND OF OTHER EXTERNAL CAUSES													
Other reasons for contact with health services .													
TOTAL													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

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EXTERNAL CAUSES OF INJURY AND POISONING

Cause	Under 1 year				1–4 years				5 years and over				Pt. days
	C	D	T	A	C	D	T	A	C	D	T	A	
E47 TRANSPORT ACCIDENTS **E470** Railway accidents													
E471 Motor vehicle traffic accidents . .													
E473 Water transport accidents . .													
E474 Air space transport accidents . .													
E48 ACCIDENTAL POISONING **E480** Accidental poisoning by drugs, medicaments and biologicals													
E481 Accidental poisoning by other solid and liquid substances													
E482 Accidental poisoning by gases and vapours													
E49 MISADVENTURES DURING MEDICAL CARE, ABNORMAL REACTIONS, LATE COMPLICATIONS													
E50 ACCIDENTAL FALLS													
E51 ACCIDENTS CAUSED BY FIRE AND FLAMES . .													
E52 OTHER ACCIDENTS, INCLUDING LATE EFFECTS **E520** Accidents due to natural and environmental factors													
E521 Accidental drowning and submersion													
E522 Foreign body accidentally entering orifice													
E523 Accidents caused by machinery, and by cutting and peircing instruments													
E524 Accidents caused by firearm missile													
E53 DRUGS, MEDICAMENTS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE													
E54 SUICIDE AND SELF-INFLATED INJURY . . .													
E55 HOMICIDE AND INJURY PURPOSELY INFLICTED BY OTHER PERSONS													
E56 OTHER VIOLENCE **E560** Injury undetermined whether accidentally or purposely inflicted . .													
E561 Injury resulting from operation of war													

C = Cases; D = Deaths; T = Transfers; A = Abscond.

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Remarks:

Date reported

Reported by:

Name _____

Title _____

Signature _____

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Printed by CSO, Harare

H.S. 3

To: Director of Census and Statistics
P.O. Box 8063
Causeway,

.....Hospital

Statistics of work for month of.....19.....

	Total
1. In-Patients	
(a) Admissions (including inter hospital transfers)	
(b) Discharges (including inter hospital transfers)	
(c) Deaths	
2. Resident staff days	
3. Additional meals provided	
4. Out Patients	
(a) Number of patients	
(b) Number of attendances	
5. Theatre	
(a) Number of major operations	
(b) Number of minor operations	
(c) Total	
6. Physiotherapy Department	
Number of treatments (including in patients)	
7. Radiology	
(a) Number of attendances (including in patients)	
(b) Number of films	
8. Radiotherapy	
Number of treatments (including in patients)	
9. Number of attendances at	
(a) Family planning clinics	
(b) Child welfare clinics	
(c) Ante natal clinics	
(d) T.B. clinics	
(Not to be included in item 4)	
10. Ambulance	
(a) Number of trips	
(b) Total distance (in kilometres)	

Date	Beds occupied at 12 midnight
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
Total	

Note: *Maternity statistics to be excluded from this return*

Date ..... Signature .....
Hospital Secretary

Printed by CSO, Harare

H.S.5

To: The Director of Census and Statistics
P.O. Box 8063
Causeway

.....Hospital

Maternity Statistics for the Month of .....19.....

Number of beds (maternity)	
Admissions (maternity (including inter hospital transfers)	
Discharges (maternity) (including inter hospital transfers)	
Maternal deaths	
Confinements	
Live-births	
Still-births	
Early neonatal deaths (i.e. in first week)	
Operations : Major	
Operations : Minor	

Date	Beds occupied at 12 midnight
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
Total	

Note: *These statistics are to be excluded in the over-all statistics submitted on a separate schedule*

Date.....

Signature.....
Hospital Secretary