

VACCINATION SCHEDULE		
AGE	VACCINATIONS	
BIRTH	BCG, Hep B	
6 WEEKS	DTP-Hib-Hep B 1, OPV 1, PNEUMOCOCCAL 1, ROTAVIRUS 1	
10 WEEKS	DTP-Hib-Hep B 1 2, OPV 2, PNEUMOCOCCAL 2, ROTAVIRUS 2	
14 WEEKS	DTP-Hib-Hep B 1 3, OPV 3, PNEUMOCOCCAL 3, IPV	
9 MONTHS	MEASLES RUBELLA 1, TYPHOID VACCINE	
18 MONTHS	DTP, OPV, MEASLES RUBELLA 2	
<b>BOOSTERS</b>		
5 YEARS	Td 1,	
10 YEARS	Td 2,	
10 YEARS	HPV 1	
11 YEARS	HPV 2	

VACCINATION RECORD				
VACCINE	DOSE NUMBER			
	1	2	3	4
BCG				
Hep B				
OPV				
IPV				
PENTAVALENT				
PNEUMOCOCCAL				
ROTAVIRUS				
MEASLES RUBELLA				
DTP BOOSTER				
Td				
HPV				

VACCINATION DUE DATES REMINDER	
ANTIGEN	DUE DATE
Penta/OPV/PCV/Rota 1	
Penta/OPV/PCV/Rota 2	
Penta/OPV/PCV 3, IPV	
MR 1, TCV	
MR 2, DTP, OPV BOOSTERS	
Td 1	
Td 2	

VITAMIN A SUPPLEMENTATION SCHEDULE					
Age (Months)	6-11	12-23	24-35	36-47	48-59
DOSE	ENTER DATE GIVEN AND BATCH NUMBER				
First Dose					
Second Dose					

For Vit A, Give First dose at 6 months and thereafter a dose every 6 months up to 5 years of age

DEWORMING				
Date				
Batch				



**MoHCC 2019**  
For more information  
visit your nearest health facility

Vaccine	Disease Prevented	Chirwere Chinodzivirirwa	Umkhuhlane Ovikelwayo
BCG	Tuberculosis	Rurindi	Ufuba
Hep B	Hepatitis	Gomarara rechiropa	Imvukuzane yesibindi
Pentavalent	Diphtheria, Pertussis, Tetanus, Meningitis, Influenza, Cancer of the Liver	Rukanda pahuro, Chiomashaya, Chipembwe, Meningitis, Fruenza, Gomarara rechiropa,	Amalonda amakhulu, Amaketane, Uphepha oludondoyo, Meningitis, umvimbano olegazi, Imvukuzane yesibindi
OPV, IPV	Poliomyelitis	Mheta makumbo	Imbeleko
PCV13	Pneumonia	Mabayo	Isihlabo
Rotavirus	Rotavirus Diarrhoea	Manyoka	Isihudo
Measles Rubella	Measles and Rubella	Gwirikwiti	Indingindi
Td	Tetanus and Diphtheria	Chiomesa shaya, Rukanda Pahuro	Amaketane lophepha oludonsayo
HPV	Cancer of the cervix	Gomarara yemuromo wechibereko	Imvukuzane yomlomo wesibeletso
Vitamin A	Night blindness	Kusaona zvakanaka Murima	Ukungaboni kahle emnyameni

NAME(S) OF CHILD: \_\_\_\_\_

SURNAME OF CHILD: \_\_\_\_\_

SEX: Girl DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

HEALTH CENTRE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

FULL NAME OF MOTHER: \_\_\_\_\_

FULL NAME OF FATHER: \_\_\_\_\_

**NOTES** \_\_\_\_\_

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MINISTRY OF HEALTH AND CHILD CARE  
**CHILD HEALTH CARD**  
ZIMBABWE



**GOOD INFANT FEEDING PRACTICE**

Give breast milk only for the first 6 months. Introduce solids and liquids from 6 months. Continue breast feeding up to 24 months or beyond unless counseled otherwise by a health worker.

**KUDYA KWAKANAKA KWEMWANA**

Ipai mwana mukaka wezamu chete pamwedzi mitanhatu yekutanga. Ipai kumwe kudya kana kunwa kubva pamwedzi mitanhatu. Rambai muchiyamwisa kusvika pamakore maviri kana kudarika kunze kwekuti makurukura neveutano.

**INDLELA ELUNGILEYO YOKONDLA UMNTWANA**

Nika umntwana uchago lwebele lodwa kunyanga eziyisithupha zokuqala zokuzalwa. Qalisa ukunika umntwana okunye ukudla lokunathwayo nxa eselenyanga eziyisithupha. Qhubeka umunyisa umntwana aze abe lemnyaka emibili kusiyaphambili, ngaphandle uxwayiswe ngabezempilakahle.

**SALT AND SUGAR SOLUTION (SSS)**

Give this SOLUTION as often as possible in case of DIARRHOEA and continue feeding and breastfeeding. Consult the community health worker in your area. Take your child to the health facility for further management

**MVURA INE MUNYU NESHUGA**

Ipai mwana MVURA iyi nguva dzose kana ane MANYOKA moramba muchimupa zvokudya nekumuyamwisa. Onai vehutano varimunharaunda menyu, endesai mwana uyu kuchipatara anoongororwa.

**AMANZI ALESAWUDO LETSHUKELA**

Nika umntwana AMANZI aleSAWUDO LETSHUKELA ngasikhathi sonke EHUDO, njalo qhubeka unika umntwana ukudla lokumunyisa. Bona abezempilakahle abasesigabeni sakho ngokuphangisa Hambisa umntwana esibhedlela ayeholwa.



**INFANT FEEDING**

Follow up time	Birth	6W	10W	14W	5M
Breast milk only					
If not exclusive breast feeding indicate what else is given					

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

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

Feeding code 1. Breast milk only 2. Breast milk and Water only 3. Breast milk and other liquids 4. Breast milk and solids 5. Formula only 6. Other milks

**CARE**

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

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

If yes, specify the ARV prophylaxis; Enter initials of the ARV prophylaxis supplied e.g NVP

HIV Test	Type of test used	Date test done	Test number	Test result (code 0/1)	Date referred for ART	Date initiated on ART
Test 1						
Test 2						
Test 3						

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

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

BARCODE: \_\_\_\_\_

CARE COMMENTS:

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